



VA Medical Center

Coatesville, PA 19320

Date: October 31, 2007
From: Robert Whitney, Ph.D.
Sub: Stanley Laskowski [REDACTED]

To: Whom it may concern:

Mr. Laskowski has been continuously hospitalized in the Posttraumatic Stress Disorder Program at the Coatesville VA Medical Center, beginning 9/25/07, and projected date of discharge is 12/5/07. He has made very good progress on his symptoms including fewer intrusive thoughts and nightmares of his Iraq war experiences, less irritability and excellent anger control, and progress on grief over loss of fellow Marines. He has been compliant with the treatment regimen, attends and is very active in therapy sessions, psychoeducation, and substance abuse classes, and takes all medications as prescribed. He takes the initiative in working on his problems and is motivated to get better. He has shown good judgment, good self-control, and participated actively in the program. He does not have any intent to harm himself or anyone else, and is not a danger to self or others. He is in all respects a model patient in our program.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Whitney, Ph.D." with a stylized flourish at the end.

Robert Whitney, Ph.D.
Staff Psychologist

Lab Results

Printed On May 06, 2010

---- CBC Profile ----

| BLOOD | 09/26 2007 07:00 | Units | Reference Ranges |
|-------|------------------------|------------|---------------------|
| WBC | 7.5 | K/cmm | 4.8 - 10.8 |
| RBC | 4.7 L | M/cmm | 4.7 - 6.1 |
| HGB | 15.4 | g/dL | 14 - 18 |
| HCT | 42.6 | % | 42 - 52 |
| MCV | 91.5 | um3 | 80 - 94 |
| MCH | 33.2 H | uug | 27 - 31 |
| MCHC | 36.2 H | g/dL | 33 - 36 |
| RDW | 12.5 | % | 11.5 - 14.5 |
| PLT | 240 | K/cmm | 130 - 400 |
| MPV | 7.3 L | um3 | 7.4 - 10.4 |
| LY% | | % AUTO | 12.8 - 43.2 |
| MO% | | % AUTO | 3.5 - 12.7 |
| GR% | | % AUTO | 42.2 - 75.2 |
| EOS% | | % AUTO | 0 - 6.5 |
| BASO% | | % AUTO | 0 - 1.9 |
| LY# | | K/cmm AUTO | 0.6 - 4.7 |
| MO# | | K/cmm AUTO | 0.2 - 1.4 |
| GR# | | K/cmm AUTO | 2 - 8.2 |
| EOS# | | K/cmm AUTO | 0 - .7 |
| BASO# | | K/cmm AUTO | 0 - .2 |

---- Urinalysis ----

| URINE | 09/26 2007 06:00 | Units | Reference Ranges |
|---------|------------------------|---------|---------------------|
| COLOR | Yellow | | Straw - Yellow |
| APPEARA | | | Clear - Cloudy |
| SP.GRAV | | | 1.003 - 1.031 |
| UROBILI | | E.U./dL | .2 - 1 |
| UR. BLD | Neg | | Ref: Neg. |
| BILIRUB | Neg | | Ref: Neg. |
| KETONES | Neg | mg/dL | Ref: Neg. |
| GLU | Normal | mg/dL | Ref: Neg. |
| PROTEIN | | mg/dL | Ref: Neg. |
| PH | | | 5 - 9 |
| WBC/HPF | | /HPF | 0 - 5 |
| RBC/HPF | | /HPF | 0 - 2 |
| EPITH C | | /HPF | Ref: Occ. |
| SQ.EPTH | | /HPF | |

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REN EPI /HPF
 TR.EPTH /HPF
 CASTS /HPF Ref: Occ.
 WBC/CAS /LPF
 RBC/CAS /LPF
 HYALINE /LPF
 GRANULA /LPF
 UR.BACT /HPF 0 - Few
 UR CRY /HPF 0 - Few
 AM URAT /HPF
 AM PHOS /HPF
 TRI PHO /HPF
 CA++ OX /HPF
 URIC AC /HPF
 MUCUS /HPF Ref: NoneObs.
 YEAST /HPF Ref: NoneObs.
 TRCMOND Ref: NoneObs.
 NITRITE Ref: Neg.
 LEU ASE Ref: Neg.
 Comments: a
 a. *** For test COLOR Normals: Straw- ***
 *** For test KETONES Units: ***
 *** For test GLU Units: ***

---- Drugs of Abuse (Urine) ----

| URINE-D | 12/02 2007 21:30 | 11/25 2007 14:05 | 11/23 2007 21:00 | 11/22 2007 20:50 | 11/21 2007 21:00 | Reference Units Ranges |
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------|
| CANNABI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| AMPHETA | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| BARBS | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| COCAINE | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| METHADO | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| OPIATES | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PROPOXY | | | | | | Ref: Neg. |
| BENZODI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PHENCYC | | | | | | Ref: Neg. |

Comments: a
 a. Evaluation for BARBS:
 Results should not be used for non-medical purposes.
 Evaluation for AMPHETA:
 Results should not be used for non-medical purposes.
 False positive results may occur in patients taking medications
 containing ephedrine.
 Evaluation for COCAINE:

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LASKOWSKI, STANLEY

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Results should not be used for non-medical purposes.
 Evaluation for BENZODI:
 Results should not be used for non-medical purposes.
 Evaluation for CANNABI:
 Results should not be used for non-medical purposes.
 Evaluation for METHADO:
 Results should not be used for non-medical purposes.
 Evaluation for OPIATES:
 Results should not be used for non-medical purposes.

| URINE-D | 11/18 2007 13:20 | 11/16 2007 21:05 | 11/12 2007 13:35 | 11/03 2007 19:00 | 10/27 2007 20:00 | Reference Units Ranges |
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------|
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------|

| | | | | | | |
|---------|-----|-----|-----|-----|-----|-----------|
| CANNABI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| AMPHETA | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| BARBS | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| COCAINE | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| METHADO | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| OPIATES | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PROPOXY | | | | | | Ref: Neg. |
| BENZODI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PHENCYC | | | | | | Ref: Neg. |

| URINE-D | 10/26 2007 20:35 | 10/21 2007 22:10 | 10/14 2007 19:30 | 10/13 2007 19:15 | 10/12 2007 19:45 | Reference Units Ranges |
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------|
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------|

| | | | | | | |
|---------|-----|-----|-----|-----|-----|-----------|
| CANNABI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| AMPHETA | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| BARBS | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| COCAINE | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| METHADO | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| OPIATES | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PROPOXY | | | | | | Ref: Neg. |
| BENZODI | NEG | NEG | NEG | NEG | NEG | Ref: Neg. |
| PHENCYC | | | | | | Ref: Neg. |

| URINE-D | 10/08 2007 22:40 | 10/06 2007 22:30 | 09/25 2007 08:35 | Reference Units Ranges |
|---------|------------------------|------------------------|------------------------|------------------------------|
|---------|------------------------|------------------------|------------------------|------------------------------|

| | | | | |
|---------|-----|-----|-----|-----------|
| CANNABI | NEG | NEG | NEG | Ref: Neg. |
| AMPHETA | NEG | NEG | NEG | Ref: Neg. |
| BARBS | NEG | NEG | NEG | Ref: Neg. |
| COCAINE | NEG | NEG | NEG | Ref: Neg. |
| METHADO | NEG | NEG | NEG | Ref: Neg. |
| OPIATES | NEG | NEG | NEG | Ref: Neg. |

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| | | | | |
|---------|-----|-----|-----|-----------|
| PROPOXY | | | | Ref: Neg. |
| BENZODI | NEG | NEG | NEG | Ref: Neg. |
| PHENCYC | | | | Ref: Neg. |

----- CX5 CHEMISTRIES -----

| SERUM | 09/26 2007 07:00 | Units | Reference Ranges |
|---------|------------------------|--------|---------------------|
| HDL | | mg/dL | 30 - 70 |
| LDL C | | mg/dL | Ref: <=130 |
| D BIL | | mg/dL | .1 - .2 |
| T PRO | 6.4 | g/dL | 6 - 8.3 |
| PO4 | | mg/dL | 2.5 - 4.6 |
| MAG | | mg/dL | 1.7 - 2.8 |
| GLU | 97 | mg/dL | 70 - 110 |
| BUN | 8 | mg/dL | 7 - 18 |
| CREA | 1.0 | mg/dL | .6 - 1.3 |
| SODIU | 140 | mmol/L | 136 - 145 |
| POTASS | 4.1 | mmol/L | 3.5 - 5.1 |
| CHLOR | 106 | mmol/L | 98 - 107 |
| CO2 | 29 H | mmol/L | 22 - 28 |
| TRIGLY | | mg/dL | 35 - 160 |
| CHOL | | mg/dL | 140 - 200 |
| LDH | | IU/L | 91 - 180 |
| SGOT | 19 | IU/L | 10 - 42 |
| SGPT | 18 | IU/L | 10 - 40 |
| AMYLASE | | U/L | 25 - 125 |
| T BIL | 1.3 H | mg/dL | .2 - 1 |
| ALBUM | 4.1 | g/dL | 3.2 - 5.5 |
| CAL | 9.1 | mg/dL | 8.4 - 10.2 |
| ALPH | 58 | IU/L | 32 - 92 |

Comments: a

a. Evaluation for GLU:

According to the American Diabetic Association, a fasting glucose level between 70 mg/dl and 99 mg/dl is the range for a normal adult. A fasting glucose level between 100 mg/dl and 125 mg/dl signals pre-diabetes. A patient with a fasting blood glucose of 126 mg/dl or higher has diabetes.

Evaluation for T BIL:

Samples from patients who have taken Naproxen have shown false elevation in total bilirubin levels.

----- MISCELLANEOUS TESTS -----

| DATE | TIME | SPECIMEN | TEST | VALUE | Ref ranges |
|------|------|----------|------|-------|------------|
|------|------|----------|------|-------|------------|

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11/28/2007 13:13 SERUM TEST: 171.00 ng/dL 132 - 813

Heterophilic antibodies in the serum of certain individuals are known to cause interference with immunoassays. These antibodies may be present in blood samples from individuals regularly exposed to animals or who have been treated with animal serum products.

Evaluation for TEST:

Female: 5.71-77.0 Males Age 20-49 yrs.: 132-813 Males Age>50yrs.: 72-623

09/26/2007 07:00 SERUM HEPCA: NEG Ref: NEG

09/26/2007 07:00 SERUM COR, IgM: NEG Ref: NEG

09/26/2007 07:00 SERUM HEPBAG: NEG Ref: NEG

09/26/2007 07:00 SERUM HAIGM: NEG Ref: NEG

Evaluation for HEPCA:

Refer to HCV test interpretation table.

In CPRS, under the Lab tab, click on Tools, then Clinical Documents/PHE.

Click on document titled "VHA Directive 2009-063 Standard HCV Reporting Terminology".

09/26/2007 07:00 SERUM PSA-A: 0.27 ng/mL 0 - 4

09/26/2007 06:00 URINE UR APP: Clear Ref: Clear

09/26/2007 06:00 URINE UR PRO: Neg Ref: Neg.

09/26/2007 06:00 URINE UROB: Normal Ref: Neg.

09/26/2007 06:00 URINE UR PH: 6.0 5.0 - 9.0

09/26/2007 06:00 URINE SPGR: 1.008 L 1.010 - 1.030

09/26/2007 06:00 URINE NITR: Neg Ref: Neg.

09/26/2007 06:00 URINE URLEU: Negative Leu/uLRef: Neg.

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Discharge Summaries

Printed On May 06, 2010

LOCAL TITLE: Discharge Summary
 ADMIN DATE: SEP 25, 2007 DISCH. DATE: DEC 04, 2007
 STANDARD TITLE: DISCHARGE SUMMARY
 DICT DATE: DEC 03, 2007@09:33 ENTRY DATE: DEC 03, 2007@09:33:35
 DICTATED BY: SANDS, PETER A ATTENDING: IACCARINO, DENNIS L
 URGENCY: routine STATUS: COMPLETED

PROVIDER DISCHARGE SUMMARY

Date of admission: 9/25/07
 Date of discharge: 12/4/07

DIAGNOSIS:

AXIS I: Posttraumatic Stress Disorder
 AXIS II: No Diagnosis
 AXIS III: Hip: arthralgia
 AXIS IV: Moderate
 AXIS V: Admission GAF (55) Discharge GAF (55)

DIAGNOSIS NOTED BUT NOT TREATED: None

ALLERGIES: Patient has answered NKA

TREATMENTS/PROCEDURES:

Group Therapy
 Individual Therapy
 Kinesiotherapy
 Medication Counseling for self medication
 Recreational Therapy

Reason for hospitalization: PTSD

HOSPITAL COURSE

Medical: Hip, arthralgia addressed with Ultram 100mg PO TID PRN. Psych issues addressed with Effexor 37.5mg PO BID

Condition at discharge: stable, denies suicidal/homicidal ideations.

DISCHARGE TYPE: Regular

DISCHARGE MEDICATIONS:

Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|--|--------|
| 1) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 2) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY | ACTIVE |

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LASKOWSKI, STANLEY

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Discharge Summaries

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- MOUTH ONCE DAILY
- 3) OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING ACTIVE
- 4) TRAMADOL 50MG TAB (ULTRAM) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN ACTIVE
- 5) VENLAFAXINE 37.5MG TAB (EFFEXOR) TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD ACTIVE
- 6) ZOLPIDEM 10MG TAB (AMBIEN) TAKE ONE-HALF TO ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP ACTIVE

Diet: regular

/es/ PETER A SANDS PA-C
PHYSICIAN ASSISTANT-PATIENT CARE
Signed: 12/03/2007 09:37

/es/ DENNIS L IACCARINO, DO

Csigned: 12/03/2007 09:40

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Consult Requests

Printed On May 06, 2010

Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%
 Combat Vet Eligible: YES

Order Information

To Service: LEVITRA CONSULT
 From Service: 8B-DOM
 Requesting Provider: SANDS, PETER A
 Service is to be rendered on an INPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: LEVITRA CONSULT
 Consult: Consult Request
 Provisional Diagnosis: Levitra consult
 Reason For Request:
 PERIOD OF SERVICE - PERSIAN GULF WAR
 SERVICE CONNECTED % - 60
 COMBAT SERVICE - NONE FOUND

TINNITUS 10% SC
 BURSITIS 10% SC
 BURSITIS 10% SC
 LIMITED EXTENSION OF FOREARM 20% SC
 MALUNION OF ANKLE 0% SC
 SINUSITIS, FRONTAL, CHRONIC 10% SC
 POST-TRAUMATIC STRESS DISORDER 100% SC

Is the reason for this consult because of a Service Connected condition:
 YES

DIAGNOSTIC:

- YES - Patient has been diagnosed with erectile dysfunction defined as the absolute inability to participate in penetrative relations in any stage.
- YES - Patient is less than 40 years of age;
Prolactin level .
- YES - Screening testosterone was performed and hypogonadism ruled out.
- YES - Neurologic etiologies of erectile dysfunction have been evaluated for SCI below T 5-6. (Vardenafil not recommended if SCI above T 5-6 because of concern for automatic dysreflexia.)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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VISTA Electronic Medical Documentation

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Consult Requests

Printed On May 06, 2010

YES - The patient is currently taking a medication that could contribute to erectile dysfunction.

YES - Risk associated with converting to another agent is unacceptable.

COMORBIDITY EVALUATION

YES - In the last year the patient has had fasting lipid panel and blood glucose assessed.

NO - The patient is a smoker.

N/A - Consult made to Smoking Cessation.

CAUTION:

YES - Patient has no contraindications to vardenafil therapy and any prior use has been evaluated.

YES - Side effects, i.e. visual changes, sudden loss of vision, flushing, headache, dizziness, chest pain, and priapism were discussed with the patient. If this side effects arise, the need to seek medical attention immediately was stressed also.

YES - Patient has disclosed all medications / drugs that they are currently using and have not used illicit drugs in the past year.

YES - The patient understands that simultaneous administration of vardenafil and an alpha-blocker may lead to symptomatic hypotension, so doses should be staggered by four hours.

N/A - Because of reports of increased intraocular pressure and sudden vision loss, patients with a history of glaucoma or NAION must be cleared by their eye providers prior to use of vardenafil.

YES - Patient is currently not on a Class 1A or Class 3 Anti-Arrhythmic.

YES - Patient does not have congenital or acquired QT prolongation.

YES - Restrictions: Patient was informed of the following VA guidelines.

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Printed On May 06, 2010

- Quantities dispensed will be equal to or less than 4 doses per month.
- Prescriptions will be available by mail only (CMOP) for vardenafil (Levitra).

For more information regarding FDA Statements on Post-Marketing Reports of
 Eye Problems, click on:
<http://www.fda.gov/bbs/topics/NEWS/2005/NEW01201.html>

RECOMMENDATIONS / COMMENTS:

YES - The patient is an appropriate candidate for Vardenafil (Levitra).

YES - Is Erectile dysfunction on the problem list?
 (If not, please add to Problem List)

COMMENTS:

Inter-facility Information
 This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

| Facility Activity | Date/Time/Zone | Responsible Person | Entered By |
|---------------------|----------------|--------------------|----------------|
| CPRS RELEASED ORDER | 11/30/07 09:58 | SANDS, PETER A | SANDS, PETER A |
| PRINTED TO | 11/30/07 09:58 | | |
| F33\$PRT SMALL | | | |
| COMPLETE/UPDATE | 12/03/07 11:20 | LAPORTE, BRUCE | LAPORTE, BRUCE |
| Note# 5823637 | | | |

Note: TIME ZONE is local if not indicated

LOCAL TITLE: LEVITRA CONSULT
 STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
 DATE OF NOTE: DEC 03, 2007@11:20 ENTRY DATE: DEC 03, 2007@11:20:14
 AUTHOR: LAPORTE, BRUCE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

APPROVED

/es/ BRUCE LaPORTE RPh

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LASKOWSKI, STANLEY

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Consult Requests

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PHARMACIST

Signed: 12/03/2007 11:20

=====

===== END =====

Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%
 Combat Vet Eligible: YES

Order Information

To Service: PM&R PHYSICIANS
 From Service: 8B-DOM
 Requesting Provider: SANDS, PETER A
 Service is to be rendered on an INPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: PM&R PHYSICIANS
 Consult: Consult Request
 Provisional Diagnosis: gym clearance
 Reason For Request:
 PERIOD OF SERVICE - PERSIAN GULF WAR
 SERVICE CONNECTED % - 60
 COMBAT SERVICE - NONE FOUND

TINNITUS 10% SC
 BURSITIS 10% SC
 BURSITIS 10% SC
 LIMITED EXTENSION OF FOREARM 20% SC
 MALUNION OF ANKLE 0% SC
 SINUSITIS, FRONTAL, CHRONIC 10% SC
 POST-TRAUMATIC STRESS DISORDER 30% SC

Is the reason for this consult because of a Service Connected condition:

NO

Reason for Request:

Patient with no physical complaints at this time requests use of gym
 and requires clearance.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY



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| Activity | Date/Time/Zone | Responsible Person | Entered By |
|---------------------|----------------|--------------------|------------------|
| CPRS RELEASED ORDER | 09/25/07 09:43 | SANDS, PETER A | SANDS, PETER A |
| PRINTED TO | 09/25/07 09:43 | | |
| C32\$PRT SMALL | | | |
| RECEIVED | 09/25/07 10:14 | LAMONS, JERRY | LAMONS, JERRY |
| COMPLETE/UPDATE | 10/16/07 13:53 | HANSPAL, REENA K | HANSPAL, REENA K |
| Note# 5727966 | | | |

Note: TIME ZONE is local if not indicated

LOCAL TITLE: PM&R PHYSICIAN CONSULT
 STANDARD TITLE: PHYSICAL MEDICINE REHAB E & M CONSULT
 DATE OF NOTE: OCT 16, 2007@11:25 ENTRY DATE: OCT 16, 2007@11:25:40
 AUTHOR: HANSPAL, REENA K EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Reason for Request: Patient with no physical complaints at this time requests use of gym and requires clearance.

MR. LASKOWSKI is 29 years old on 8B with a h/o PTSD.
 He is referred to PM&R for use of the gym.

He gives h/o chronic R hip pain which started in 2000 after a hiking incidence when he was in the service. He was informed that Xrays and MRI studies were negative for bony pathology. He was dx with bursitis and iliotibial band syndrome - was on PT (no relief), received cortisone injection (made the pain worse). NSAID's and the stretching exercises and physical modalities were not helpful. He reports painful cracking sensation which is deep in the lateral aspect of the joint and feeling of slight shifting with forward bending with a rotational component. Has felt some pain on the R knee when the hip pain is bad. No pain in the back and groin. No numbness. The pain is experienced after being in one position for a while and after prolonged walking/running. Has to crack the joint to relieve the symptoms. He is on Tramadol prn. He is able to walk - 2 miles and to run 3 miles. Walking inclines and stairs is more painful. He worked as a Mutual Fund Broker.

XRAYS: Wilkes Barre VAMC 4/07: Report:

Bilateral hip joints

The regional bony structures are normal in configuration and density. There is no evidence of new or old osseous injury. The femoral heads are well positioned within the acetabulum. The joint spaces are well preserved with smooth margins. No soft tissue abnormality is demonstrated. Small area of increased density is identified in the right femoral head compatible with a benign bone island.

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Impression:

Normal study of the bilateral hip joints.

SH: married, 3 children, smokes 1PPD, quit drinking 2 months ago.

| Active Outpatient Medications | Status |
|---|--------|
| ===== | |
| 1) ACETAMINOPHEN 325MG TAB (TYLENOL) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR FEVER OR ACHES | ACTIVE |
| 2) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 3) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 4) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 5) MIRTAZAPINE 15MG TAB (REMERON) TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA | ACTIVE |
| 6) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 7) OMEPRAZOLE 20MG CAP,EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 8) PSEUDOEPHEDRINE 30MG TAB (SUDAFED) TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR SINUS CONGESTION | ACTIVE |
| 9) QUETIAPINE FUMARATE 100MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION | ACTIVE |
| 10) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN | ACTIVE |
| 11) VENLAFAXINE XR 75MG CAP (EFFEXOR XR) TAKE ONE CAPSULE BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY | ACTIVE |

Allergies: Patient has answered NKA

Height: 67.3 in [170.9 cm] (09/25/2007 11:06)

Weight: 197 lb [89.5 kg] (09/25/2007 11:06)

BMI: 30.6

Pulse: 72 (09/25/2007 11:06)

Temp: 98.9 F [37.2 C] (09/25/2007 11:06)

BP: 130/87 (09/25/2007 11:06)

Pain: 4 (09/25/2007 10:57)

P/E: A&Ox3, cooperative, ambulatory without gait aids.

TLS spine - normal AROM of TLS spine. No tenderness. Negative SLR.

R HIP - no tenderness elicited on the groin, trochanter region and along the

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tensor fascia lata. Normal Patrick's test. Clicking sensation palpated x 1 on the anterolateral hip with flexion and IR movements of the hip.
 BLE - no motor deficits and no sensory deficits with light touch. KJ/AJ brisk with one to two beat unsustained ankle clonus on the R. R calf slightly larger than L. No swelling. Plantar flexors.
 Able to walk on heels, toes and tandem. No major gait deviations noted.
 UE - normal strength, +2 DTR reflexes, negative Hoffman's reflex.

IMP: Chronic R hip pain - snapping R hip - w/u negative for bony pathology and treatments for soft tissue pain not effective in the past.

Suggest Neurological evaluation for the brisk reflexes on BLE.

He is referred to PM&R for use of gym. He can use this 3/week. He knows that he needs to avoid exercises that aggravate the hip pain. He is interested in using the KT pool while on PTSD program - can use it 2/week for general conditioning exercises.

Precautions: avoid exercises that aggravate the R hip pain.

The above plan was discussed with the patient, he verbalized good understanding.

/es/ REENA K. HANSPAL M.D.

Signed: 10/16/2007 13:53

=====

===== END =====

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LOCAL TITLE: TELEPHONE CONTACT
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JAN 24, 2008@11:26 ENTRY DATE: JAN 24, 2008@11:26:33
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

After obtaining written release from veteran, participated in a conference call with the veteran's attorney, and assistant district attorney of Lackawanna County Suzanne Tierny for the purpose of determination of how the legal system will address the felony charges he faces. Shared diagnoses and symptoms, that he faced increased PTSD symptoms upon discharge from the USMC and moving to Lackawanna County, how self medication for PTSD could have contributed to drug use and burglary. I described his participation in the PTSD Program- he was highly motivated and participated very well in all modalities, gained a lot of insight, and showed very good improvement in PTSD. He was a model patient and showed a genuine interest in getting well. In my contact with him, he does not appear to be a danger to self or others, and has an excellent prognosis for becoming a model citizen and asset to society. Recommended that he participate in outpatient psychotherapy at least one year, either individual or group therapy, and maintain psychotropic medication and monitoring for substance abuse. Ms Tierny discussed recommending 1-2 years of this regimen and meeting with a probation officer, and that if he was compliant at the end of the period his record may be expunged of all charges.

/es/ ROBERT L WHITNEY, PHD
 Staff Psychologist
 Signed: 01/24/2008 11:43

LOCAL TITLE: PTSD DISCHARGE NOTE
 STANDARD TITLE: PSYCHIATRY DISCHARGE NOTE
 DATE OF NOTE: DEC 04, 2007@16:00 ENTRY DATE: DEC 06, 2007@18:01:16
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PTSD Program Primary Therapist Discharge Summary

Date of admission : 9/25/07
 Date of discharge : 12/4/07

DIAGNOSES: Axis I Posttraumatic Stress Disorder, Chronic
 Opioid abuse, Vicodin
 Nicotine dependence
 Axis II No Diagnosis

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Axis IV War experience

Axis V Admission GAF: 45
Discharge GAF: 58

OPERATIONS AND PROCEDURES: Individual psychotherapy
Group psychotherapy
Recreation therapy

Mr. Laskowsky was admitted to the Coatesville VAMC PTSD Program on 9/25/07.

Presenting problems on the PTSD Program included: intrusive recollections of traumatic experiences, nightmares, distress when discussing trauma, discomfort in social situations, emotional & social estrangement from family, efforts to avoid thoughts or feelings associated with the trauma, irritability, verbal outbursts of anger, difficulty staying asleep. He served in I/3/5 Marines in Iraq 3/2003 to 7/03 as an infantry squad leader. Discharged from USMC in 2/07 after eight years. Increasing PTSD stress problems and then started to use Vicodin as self-medication. Beginning of August he broke into a pharmacy at night to steal pain-killers and is facing charges for that.

PTSD was treated with individual and group psychotherapy, and recreation therapy. Using a 10 point scale where 0= No problem and 10= Highest level of disturbance, level of disturbance of global PTSD decreased from 8/10 to 3/10.

He made good progress on PTSD symptoms. He stopped avoiding discussion and reminders of his trauma. He became more emotionally connected to himself and others, with much improved sharing and communication with his wife and children. Anger is significantly reduced and he no longer has verbal outbursts or sustained irritability. Nightmares have decreased and sleep has improved. Much less depressed. For Vicodin abuse, he attended substance abuse classes and groups and NA, and shows much more insight into the impact of the abuse and the dangers of dependence. For nicotine dependence, he was not interested in quitting cigarettes despite encouragement and education.

He will continue to need outpatient followup psychotherapy for the above PTSD problems. PTSD was also treated with medication including Effexor and Ambien, with good results. Mood is stable at this time, and he denied any suicidal/homicidal ideation or intent.

He was discharged REGULAR on 12/4/07 to his home at 317 Charles St, Throop, PA 18512. Followup for PTSD will be at the Wilkes-Barre VAMC with Dr. Dooley on 12/4/07 at 1830. He is competent to handle his own affairs. He may resume prehospital activities.

/es/ ROBERT L WHITNEY, PHD

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Staff Psychologist
Signed: 12/06/2007 18:01

LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: DEC 04, 2007@13:42 ENTRY DATE: DEC 04, 2007@13:42:56
AUTHOR: STEENHUSEN, NANCY I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

***** NURSING DISCHARGE INFORMATION *****

(O): Mr. Laskowski was discharged this date to the community. He was given a copy of the discharge plan and verbalized an understanding of its content and meaning. He obtained his discharge medication from the pharmacy and verbalized an understanding of the use and precautions for these medications. He left the unit with all of his personal belongings.

(A): Completion of the treatment program.

(P): The veteran was encouraged to contact the unit at 610.383.0267 should he encounter difficulties or contact his outpatient therapist.

/es/ NANCY I. STEENHUSEN, RN

Signed: 12/04/2007 13:46

LOCAL TITLE: LEVITRA CONSULT
STANDARD TITLE: PHARMACY MEDICATION MGT CONSULT
DATE OF NOTE: DEC 03, 2007@11:20 ENTRY DATE: DEC 03, 2007@11:20:14
AUTHOR: LAPORTE, BRUCE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

APPROVED

/es/ BRUCE LaPORTE RPh

PHARMACIST

Signed: 12/03/2007 11:20

LOCAL TITLE: DISCHARGE INSTRUCTIONS
STANDARD TITLE: MENTAL HEALTH DISCHARGE NOTE
DATE OF NOTE: DEC 03, 2007@08:09 ENTRY DATE: DEC 03, 2007@08:09:41
AUTHOR: SANDS, PETER A EXP COSIGNER: IACCARINO, DENNIS L
URGENCY: STATUS: COMPLETED

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VA Medical Center
Coatesville, PA
610-384-7711

WARD OR PROGRAM: 8B Dom

ADMISSION DATE: SEP 25,2007 09:05

DISCHARGE DATE: Dec 4,2007

DIET: Regular

AFTERCARE PLAN (therapy, medication or medical appointment):
Medically, patient will be followed by the Wilkes Barre VAMC.
No Future Appointment

DISCHARGE MEDICATIONS:
Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|--|--------|
| 1) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 2) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 3) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 4) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 5) OMEPRAZOLE 20MG CAP,EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 6) TRAMADOL 50MG TAB (ULTRAM) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN USE AS NEEDED FOR ACHES/PAINS | ACTIVE |
| 7) VENLAFAXINE 37.5MG TAB (EFFEXOR) TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR DEPRESSION AND ANXIETY | ACTIVE |
| 8) ZOLPIDEM 10MG TAB (AMBIEN) TAKE 1/2 TO 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA | ACTIVE |

COMMENTS:

Vitals stable: Heart- RRR (-) murmurs. Lungs- clear and
equal. Patient oriented to time, place, event, and self.
Denies suicidal/homicidal ideations.

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WHAT TO DO IF SYMPTOMS WORSEN: If an emergency call 911. If not an emergency call the Telephone Health Care Information line 1-888-558-3812.

A copy of this note was given to the veteran, and s/he has indicated that s/he understands the instructions.

/es/ PETER A. SANDS PA-C
PHYSICIAN ASSISTANT-PATIENT CARE
Signed: 12/03/2007 08:10

/es/ DENNIS L IACCARINO, DO
Cosigned: 12/03/2007 09:26

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: DEC 02, 2007@22:13 ENTRY DATE: DEC 02, 2007@22:13:02
AUTHOR: HARRIS, BETTY LOU EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Vet. returned from AA. BAL. neg. UA obtained by undersigned.

/es/ BETTY L. HARRIS NA.
Signed: 12/02/2007 22:13

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 30, 2007@17:55 ENTRY DATE: NOV 30, 2007@17:55:07
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Left on A.A.

Vet left on A.A. till Sunday 12/2/07.

/es/ JAMES T. RAWLS, HT
Signed: 11/30/2007 17:57

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 30, 2007@15:50 ENTRY DATE: NOV 30, 2007@15:50:10
AUTHOR: WILLIS, AMY C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

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Progress Notes

Printed On May 06, 2010

SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention class 11/30/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the class was taking personal responsibility for healing and making progress in therapy. The importance of consistent attendance at therapeutic activities was stressed. Taking an individualized but also comprehensive approach to after-care planning was elaborated upon.

The ward policy prohibiting any use of alcohol, illegal drugs, or misuse of prescription medication, including the prohibition on use of VA medication prescribed by staff not affiliated with the 8B PTSD program while a patient in the PTSD program, was reviewed.

Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 11/30/2007 15:50

LOCAL TITLE: MEDICATION REVIEW
STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE
DATE OF NOTE: NOV 30, 2007@10:32 ENTRY DATE: NOV 30, 2007@10:32:07
AUTHOR: TOUB, GAIL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(O) Stanley had his med reveiw today. Self-med elvel 4. He continues on self-medication. Vet feels his medications are helpful. There have been no adverse reactions reported. Discussed usage, dosage, food/drug interactions as well as possible side effects and reorder procedures.

Current medications are:
Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|--|--------|
| 1) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 2) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 3) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 4) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY | ACTIVE |

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

- MOUTH ONCE DAILY
- 5) OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING ACTIVE
- 6) TRAMADOL 50MG TAB (ULTRAM) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN USE AS NEEDED FOR ACHES/PAINS ACTIVE
- 7) VENLAFAXINE 37.5MG TAB (EFFEXOR) TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR DEPRESSION AND ANXIETY ACTIVE
- 8) ZOLPIDEM 10MG TAB (AMBIEN) TAKE 1/2 TO 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA ACTIVE

Pain level 0.

(A) Compliant with self medication program. Stanley stated that he felt he was getting some relief for his Ambien and did not feel he needed to take his Seroquel, it was d/c'd per his request.

(P) Will continue to monitor and educate.

/es/ GAIL TOUB LPN
DOMICILLARY

Signed: 11/30/2007 10:34

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: NOV 30, 2007@09:45 ENTRY DATE: NOV 30, 2007@09:45:13
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Leisure Education

Veteran attended the scheduled leisure education session yesterday. The topic was "Decorating for the Holidays". The purpose was to make announcements of the time and date of the Volunteer sponsored Holiday party, to discuss expectations of the evening, encourage veteran to get involved in their community veteran's organizations after discharge, and to decorate the unit in holiday theme's. Therapist made announcements as well as a brief lecture on the importance of volunteering and resources available to begin to get involved in veteran's organizations in their communities. Also, therapist provided decorations for veteran to participate in decorating the unit. Veteran seemed to understand the purpose of the group session by asking relevant questions and assisting peers in decorating the unit. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

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Printed On May 06, 2010

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 11/30/2007 09:45

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 29, 2007@10:00
AUTHOR: WILLIS, AMY C
URGENCY:
SUBJECT: PHE PTSD

ENTRY DATE: DEC 03, 2007@16:27:23
EXP COSIGNER:
STATUS: COMPLETED

Veteran attended a one hour patient health education class 11/29/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the lecture was "Avoiding Re-traumatization"; what it is and how to avoid doing it to oneself. Specific strategies to manage information, identify and control emotions, and to make and follow realistic plans for safety and for self-care, and well as care for one's family, were reviewed. If substance abuse is or has been a problem, strategies to avoid a relapse were suggested. Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 12/03/2007 16:27

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 29, 2007@17:28
AUTHOR: WILLIS, AMY C
URGENCY:
SUBJECT: PHE PTSD

ENTRY DATE: NOV 29, 2007@17:28:50
EXP COSIGNER:
STATUS: COMPLETED

Veteran attended the weekly one hour Relapse Prevention Group on 11/27/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was identifying and developing a realistic picture of the near future, and functioning in it without using drugs or alcohol. Various activities that group members identified as either returning to or finally doing including starting to coach basketball with a youth league, keeping an apartment and paying the bills on time, closer relationships with family, finally getting a "real" 12 Step sponsor and working the Steps.

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Printed On May 06, 2010

Most group members contributed to the discussion and all had the opportunity to ask questions.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 11/29/2007 17:32

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: NOV 29, 2007@09:26 ENTRY DATE: NOV 29, 2007@09:26:40
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

Veteran attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym area, or socializing with others. He participated by socializing with others and went for a walk with another veteran. All questions were answered and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 11/29/2007 09:27

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 27, 2007@18:13 ENTRY DATE: NOV 27, 2007@18:13:48
AUTHOR: WILLIS, AMY C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

General physician appt with Dr. Lucas on December 20, 2007 at 1:30 pm at the Wilkes Barre VAMC.

Also, veteran's attorney will be visiting Monday 12/3/07 most probably in the afternoon.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST

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LASKOWSKI, STANLEY

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Signed: 11/27/2007 18:15

Receipt Acknowledged By:

12/04/2007 16:02

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist

LOCAL TITLE: PSYCHOLOGY

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: NOV 27, 2007@17:30

ENTRY DATE: NOV 27, 2007@17:30:23

AUTHOR: WILLIS, AMY C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Tobacco Use Screen FY07:

Current tobacco user

Comment: has been educated, no interest in quitting

Smokes cigarettes

/es/ AMY C. WILLIS, PHD

STAFF PSYCHOLOGIST

Signed: 11/27/2007 17:31

LOCAL TITLE: PSYCHOLOGY

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: NOV 27, 2007@13:50

ENTRY DATE: NOV 27, 2007@17:27:58

AUTHOR: WILLIS, AMY C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Met with veteran this afternoon as his primary therapist is on vacation. We reviewed outpatient appointments. We could not get through o the Wilkes Barre VAMC so veteran will try on his own this afternoon. Also, at his request he will be discharged one day early, December 4, 2007 in order to attend several C&P exams starting the next morning at 7:45 am at a different VAMC.

/es/ AMY C. WILLIS, PHD

STAFF PSYCHOLOGIST

Signed: 11/27/2007 17:29

Receipt Acknowledged By:

12/04/2007 16:02

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist

LOCAL TITLE: TREATMENT PLAN UPDATE (PTSD)

STANDARD TITLE: TREATMENT PLAN NOTE

DATE OF NOTE: NOV 27, 2007@11:34

ENTRY DATE: NOV 27, 2007@11:34:57

AUTHOR: WILLIS, AMY C

EXP COSIGNER: OBRIEN, CHRISTINE M

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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URGENCY:
SUBJECT: PHE PTSD

STATUS: COMPLETED

60 DAY TREATMENT PLAN REVIEW - 8B PTSD PROGRAM UPDATE

STAFF PRESENT: S. Silver, PhD; S. Rogers, PhD; A. Willis, PhD; D. Beauvais, PsyD; T. Ennis, MS; P. Sands, PA-C; J. Goss, RN; G. Toub, LPN; M. Rogers, CTRS; H. O'Lone, MA

PRIMARY THERAPIST: Robert Whitney, PhD

This note is prepared by the undersigned, Amy Willis, PhD in the absence of the veterans' primary therapist.

The 8B PTSD program treatment team met with Mr. Laskowski, and together reviewed progress on the problems and objectives. He participated in this discussion and was in agreement with this plan. Problems were brought forward into this update from the previous plan and updated.

PHE - No educational barriers to full participation have been identified since the initial assessment or the 30 Day Treatment Plan Review.

PTSD was rated by the primary therapist for level of severity using a 10 point scale, where 10 represents the highest level of severity.

PSYCHOLOGICAL PROBLEMS

*PROBLEM/NEED: Posttraumatic Stress Disorder

SEVERITY: 8
on admission

GOAL: Significant decrease in level of PTSD severity

OBJECTIVE/TIME FRAME: Severity of PTSD maintained at a "4"; or determination that level of severity no longer justifies inpatient, programmatic treatment until discharge 12/4/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|--------------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Encourage involvement in community activities | Daily | Nursing Staff/HT |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Relaxation Group | Weekly | Nursing |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor, Seroquel, Remeron | | |

Update: Posttraumatic Stress Disorder severity decreased to 4/10. Revised

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Printed On May 06, 2010

objective as above.

PROBLEM/NEED: Nightmares of trauma 5 per week
on admission

GOAL: Cessation of trauma nightmares

OBJECTIVE/TIME FRAME: Nightmares maintained at once weekly until discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | X3/ Week | Primary therapist |
| Intrusion Ed. Groups | Scheduled | Assigned Staff |
| Monitor nightmares & encourage journaling | Daily | Nursing Staff/HT |

Update: Nightmares of trauma reduced to an average of once a week, revised objective as above.

PROBLEM/NEED: Emotional & social estrangement

GOAL: Fully involved with social relationships

OBJECTIVE/TIME FRAME: Continues to shares feelings and spends time with other veterans daily

until discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Counseling on Family Issues | Once, PRN | Primary therapist |

Update: Objective being met, continue until discharge

PROBLEM/NEED: Avoidance of thoughts, feelings about the trauma

GOAL: No avoidance of trauma issues

OBJECTIVE/TIME FRAME: Discusses thoughts and feelings about the trauma weekly in therapy until discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Art Therapy | Weekly | Art Therapist |

Update: he is meeting the objective, continue until discharge.

PROBLEM/NEED: Outbursts of anger 3 per week on admission

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

GOAL: No outbursts of anger

OBJECTIVE/TIME FRAME: No uncontrolled outbursts of anger until discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|---------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Anger Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |

Update: no outbursts of anger observed or reported by the veteran, continue with objective.

PROBLEM/NEED: Problems falling asleep

GOAL: Patient satisfied with sleep

OBJECTIVE/TIME FRAME: Sleeps 6 hours nightly by discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|--|------------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Sleep Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |
| Monitor; Sleep Tips | Daily | Nursing Staff/HT |
| handout; encourage use of relaxation tapes | | |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Remeron | | |

Update: Sleep still troubled, continue with objective until discharge

PROBLEM/NEED: Depressed mood

SEVERITY: 4

on admisison

Rated by therapist for severity using a 10 point scale, where 10 represents the highest level of severity.

GOAL: No depressed mood

OBJECTIVE/TIME FRAME: Depressed mood maintained at a 3 until discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------|--------------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Depression Ed. Groups | Scheduled | Assigned Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor XR | | |

Update: Depressed mood decreased to 3/10 but not reduced to a rating of 2. Revised objective as above.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

PROBLEM/NEED: Opioid Dependence, Vicodin

GOAL: Sustained sobriety

OBJECTIVE/TIME FRAME: Abstinence throughout entire stay

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------|-----------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Substance Abuse Class | Scheduled | Assigned Staff |
| Substance Abuse Group | Weekly | Dr. Willis |
| Transition Group | Twice | RN |
| NA Group | Weekly | Health Technician |
| Random Drug Urine | PRN | Nursing Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |

Update: Opioid Dependence- he continues to be abstinent as verified by random urine screens, he attends the weekly Relapse Prevention group and the weekly Relapse Prevention class, with good insight and very good motivation to continue developing a substance-free lifestyle.

UNADDRESSED NEEDS, JUSTIFICATION: He has been repeatedly educated about the benefits of smoking cessation. However, he reports no progress or any real interest in cutting down or quitting.

MEDICAL PROBLEMS

PA-C notes the following updates-

PROBLEM: Osteoarthritis/Osteoarthrosis

GOAL: Preserve ability to perform ADL's

OBJECTIVE/TIME FRAME: Decreased symptoms by discharge

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|-----------|-------|
| Education | once | Pa/Rn |
| PM&R consult for physical therapy/heated pool | | |
| Orthopedic consult if warranted | | |
| Continuation/institution of medication(s) | | |

Naproxen 500mg PO BID PRN

Ultram 50mg PO TID PRN

UNADDRESSED NEEDS, JUSTIFICATION: None

DISCHARGE PLANS

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Discharge plans are to return to his home in Dunmore, Pa.
 Follow-up treatment for PTSD is to be determined.
 Follow-up treatment for medical problems: Resume at Wilkes-Barre VAMC

/es/ AMY C. WILLIS, PHD
 STAFF PSYCHOLOGIST
 Signed: 11/27/2007 17:27

/es/ CHRISTINE MORRIS O'BRIEN, MD
 Psychiatrist
 Cosigned: 11/28/2007 09:02

Receipt Acknowledged By:
 12/04/2007 15:49 /es/ ROBERT L WHITNEY, PHD
 Staff Psychologist

LOCAL TITLE: NUTRITION NOTE
 STANDARD TITLE: NUTRITION DIETETICS NOTE
 DATE OF NOTE: NOV 27, 2007@10:37:11 ENTRY DATE: NOV 27, 2007@10:37:11
 AUTHOR: SARMENTO, LAURA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: phe-nutrition education

Vet received verbal education in a group setting.
 Topic: My pyramid
 Vet seemed interested in material presented. Actively participated in group discussion. Verbalized correct answers.
 Time was given after class to adjust vet's current diet, educate and update preferences.
 P: Encourage diet compliance and Heart Healthy Eating.
 Follow up with weekly nutrition class.

/es/ LAURA SARMENTO, R.D.
 CLINICAL DIETITIAN
 Signed: 11/27/2007 10:37

LOCAL TITLE: TREATMENT PLAN MEDICAL PROBLEMS (T-MH)
 STANDARD TITLE: MENTAL HEALTH PHYSICIAN E & M NOTE
 DATE OF NOTE: NOV 27, 2007@09:38 ENTRY DATE: NOV 27, 2007@09:38:49
 AUTHOR: SANDS, PETER A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Treatment Plan Medical Problems

PROBLEM: Osteoarthritis/Osteoarthrosis
 GOAL: Preserve ability to perform ADL's
 OBJECTIVE/TIME FRAME: Decreased symptoms by 30 day treatment plan review.

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|-----------|-------|
| Education | once | Pa/Rn |
| PM&R consult for physical therapy/heated pool | | |
| Orthopedic consult if warranted | | |
| Continuation/institution of medication(s) | | |
| Naproxen 500mg PO BID PRN | | |
| Ultram 50mg PO TID PRN | | |

Update:

UNADDRESSED NEEDS, JUSTIFICATION: None

/es/ PETER A SANDS PA-C
 PHYSICIAN ASSISTANT-PATIENT CARE
 Signed: 11/27/2007 09:39

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 25, 2007@15:25 ENTRY DATE: NOV 25, 2007@15:25:38
 AUTHOR: RAY, MARYANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Returned note

Vet returned from AA BAL- drug urine obt by undersigned.

/es/ MARYANN RAY, HT
 HEALTH TECHNICIAN
 Signed: 11/25/2007 15:26

LOCAL TITLE: HEALTH TECHNICIAN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 24, 2007@13:02 ENTRY DATE: NOV 24, 2007@13:02:18
 AUTHOR: RAY, MARYANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Authorized Absence

Vet left on AA due to return 11-25-07 at 9:00pm.

/es/ MARYANN RAY, HT
 HEALTH TECHNICIAN
 Signed: 11/24/2007 13:03

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 23, 2007@23:46 ENTRY DATE: NOV 23, 2007@23:46:26
 AUTHOR: RAWLS, JAMES EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Returned from Day Pass

Vet returned from day pass. Bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
 Signed: 11/23/2007 23:47

LOCAL TITLE: PSYCHOTHERAPY (PTSD)
 STANDARD TITLE: PSYCHOLOGY E & M NOTE
 DATE OF NOTE: NOV 23, 2007@15:10 ENTRY DATE: NOV 23, 2007@15:10:54
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Posttraumatic Stress Disorder severity reduced to 4/10. Nightmares of trauma decreased to weekly. He is socializing with other vets daily, sharing feelings and thoughts constructively with his wife. Continues to work on trauma events in therapy- not avoiding. No outbursts of anger. Depressed mood still 3/10. For opioid dependence, remains abstinent, attends substance abuse groups/NA. Sttends all individual and group therapy sessions, and all psychoeducational classes.

/es/ ROBERT L WHITNEY, PHD
 Staff Psychologist
 Signed: 11/23/2007 15:11

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 23, 2007@07:23:23 ENTRY DATE: NOV 23, 2007@07:23:23

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

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AUTHOR: ALLEN, JOYCE E
 URGENCY:
 SUBJECT: Day Pass

EXP COSIGNER:
 STATUS: COMPLETED

Veteran left on a Day Pass at 0700.

/es/ JOYCE E. ALLEN, HT
 HEALTH TECH
 Signed: 11/23/2007 07:24

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 22, 2007@22:46 ENTRY DATE: NOV 22, 2007@22:46:08
 AUTHOR: RAWLS, JAMES EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Returned from Day Pass

Vet returned from day pass. Bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
 Signed: 11/22/2007 22:47

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 22, 2007@14:31 ENTRY DATE: NOV 22, 2007@14:31:48
 AUTHOR: RAY, MARYANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Day pass

Vet left on a day pass due to return this evening.

/es/ MARYANN RAY, HT
 HEALTH TECHNICIAN
 Signed: 11/22/2007 14:32

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: NOV 21, 2007@23:24 ENTRY DATE: NOV 21, 2007@23:24:15
 AUTHOR: HARRIS, BETTY LOU EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Vet. went on day pass and returned. Bal. neg. UA obtained by undersigned.

/es/ BETTY L. HARRIS NA.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

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Signed: 11/21/2007 23:25

LOCAL TITLE: PSYCHOLOGY
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: NOV 21, 2007@16:50 ENTRY DATE: NOV 21, 2007@16:50:57
 AUTHOR: WILLIS, AMY C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention Group on 11/20/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was anticipating likely awkward questions about treatment over the Thanksgiving Holiday, and generating a variety of statements to deal with the questions and move the conversation forward. Few of the veterans had prepared statements in advance of a social situation before.

Most group members contributed to the discussion and all had the opportunity to ask questions.

/es/ AMY C. WILLIS, PHD
 STAFF PSYCHOLOGIST
 Signed: 11/21/2007 16:51

LOCAL TITLE: NUTRITION NOTE
 STANDARD TITLE: NUTRITION DIETETICS NOTE
 DATE OF NOTE: NOV 20, 2007@10:30:44 ENTRY DATE: NOV 20, 2007@10:30:44
 AUTHOR: SARMENTO, LAURA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE - NUTRITION EDUCATION

Vet received verbal education in a group setting.

Topic: Holiday eating.

Vet seemed interested in material presented. Actively participated in group discussion. Verbalized correct answers.

Time was given after class to adjust vet's current diet, educate and update preferences.

P: Encourage diet compliance and Heart Healthy Eating.

Follow up with weekly nutrition class.

/es/ LAURA SARMENTO, R.D.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

CLINICAL DIETITIAN
Signed: 11/20/2007 10:30

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 18, 2007@13:30:30 ENTRY DATE: NOV 18, 2007@13:30:30
AUTHOR: RUDOLPH, ROBIN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran returned from AA bal was negative urine specimen collected for a drug screen test.

/es/ ROBIN M. RUDOLPH, NA

Signed: 11/18/2007 13:33

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 17, 2007@07:19 ENTRY DATE: NOV 17, 2007@07:19:52
AUTHOR: HAMILTON, FRANKLIN W EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran signed out on aa.

/es/ FRANKLIN W. HAMILTON JR., NA

Signed: 11/17/2007 07:20

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 16, 2007@10:00 ENTRY DATE: NOV 23, 2007@17:14:37
AUTHOR: WILLIS, AMY C EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention class 11/16/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the class was positive coping over the Thanksgiving holidays, without drinking or using illegal drugs. Setting realistic goals, reminding the class of the importance of evaluating "people, places and things", having an exit strategy, and putting the focus on helping others enjoy the holiday were all elaborated upon at length.

The ward policy prohibiting any use of alcohol, illegal drugs, or misuse of prescription medication, including the prohibition on use of VA medication

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

prescribed by staff not affiliated with the 8B PTSD program while a patient in the PTSD program, was reviewed.

Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 11/23/2007 17:14

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 16, 2007@21:42 ENTRY DATE: NOV 16, 2007@21:42:29
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Returned from Day Pass

Vet left on day pass. Returned bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
Signed: 11/16/2007 21:44

LOCAL TITLE: KT DISCHARGE NOTE
STANDARD TITLE: KINESIOTHERAPY DISCHARGE NOTE
DATE OF NOTE: NOV 16, 2007@07:54:51 ENTRY DATE: NOV 16, 2007@07:54:51
AUTHOR: FOSTER, JOHN C EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

PM&RS Treatment Area:KT58POOL

Long Term Care (NHCU/Intermediate Medicine Patient):

Restorative:

Maintenance:

Days/Week:

Hrs./Wk.:

PROBLEM/NEED:HIP PAIN

TREATMENT OBJECTIVE:INCREASE STR,END,AND FLEX.
DECREASE PAIN

TREATMENT PLAN:GROUP THERAPUTIC PROCEDURES 3X'S WK.30MIN/DAY.

EVALUATION/PROGRESS (Include progress towards readiness for discharge from Med. Ctr.):PT HAS BEEN DISCONTINUED FROM KT 58 POOL DUE TO LACK OF

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LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

ATTENDANCE.PT WAS ASSIGNED ON 10/16..NO SHOW.

DISCONTINUED 11/16/07.

/es/ JOHN C. FOSTER KT
KINESIOTHERAPIST
Signed: 11/16/2007 07:55

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: NOV 15, 2007@15:32 ENTRY DATE: NOV 15, 2007@15:32:25
AUTHOR: ROGERS,MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Leisure Education

Therapist instructed Mr.Laskowski to participate in a hobby of his choice at the gameroom or go to the library during the scheduled leisure education session this afternoon. The purpose of this request is to further develop a hobby/interest, socialize with others, and practice structuring free time. Therapist encouraged veteran to participate in an activity inside the gameroom for class duration. Veteran was receptive of request. Therapist answered all questions. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 11/15/2007 15:32

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: NOV 13, 2007@17:21 ENTRY DATE: NOV 13, 2007@17:21:17
AUTHOR: WILLIS,AMY C EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention Group on 11/13/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was not letting other people's suspicions that the veteran is still using alcohol or drugs to hinder the veteran from focusing

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

on continuing to develop an ongoing substance-free lifestyle. Realistic expectations of the need to establish significant sobriety before expecting others to begin to trust the veteran again were discussed.

Most group members contributed to the discussion and all had the opportunity to ask questions.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 11/13/2007 17:21

LOCAL TITLE: NUTRITION NOTE
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: NOV 13, 2007@14:52:44 ENTRY DATE: NOV 13, 2007@14:52:44
AUTHOR: SARMENTO, LAURA EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE - NUTRITION EDUCATION

Vet received verbal education in a group setting.

Topic: Calcium.

Vet seemed interested in material presented. Actively participated in group discussion. Verbalized correct answers.

Time was given after class to adjust vet's current diet, educate and update preferences.

P: Encourage diet compliance and Heart Healthy Eating.
Follow up with weekly nutrition class.

/es/ LAURA SARMENTO, R.D.
CLINICAL DIETITIAN
Signed: 11/13/2007 14:52

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 12, 2007@15:07:34 ENTRY DATE: NOV 12, 2007@15:07:34
AUTHOR: RUDOLPH, ROBIN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran returned from pass bal was negative urine specimen obtained for a drug screen test.

/es/ ROBIN M. RUDOLPH, NA
Signed: 11/12/2007 15:08

LOCAL TITLE: HEALTH TECHNICIAN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: NOV 10, 2007@12:24

ENTRY DATE: NOV 10, 2007@12:24:38

AUTHOR: RAY, MARYANN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: Authorized Absence

Vet left on AA due to return 11-12-07 at 9:00pm.

/es/ MARYANN RAY, HT

HEALTH TECHNICIAN

Signed: 11/10/2007 12:25

LOCAL TITLE: PSYCHOLOGY

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: NOV 09, 2007@10:00

ENTRY DATE: NOV 21, 2007@17:30:41

AUTHOR: WILLIS, AMY C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention class 11/9/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the class was challenging unrealistic expectations of others, and developing realistic expectations based on understanding that everyone has strengths and weaknesses, good days and bad days, and that most people are very scheduled and have their own agendas. This perspective is explained to help moderate powerful negative emotions that contribute to a relapse.

The ward policy prohibiting any use of alcohol, illegal drugs, or misuse of prescription medication, including the prohibition on use of VA medication prescribed by staff not affiliated with the 8B PTSD program while a patient in the PTSD program, was reviewed.

Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD

STAFF PSYCHOLOGIST

Signed: 11/21/2007 17:30

LOCAL TITLE: PSYCHOTHERAPY (PTSD)

STANDARD TITLE: PSYCHOLOGY E & M NOTE

DATE OF NOTE: NOV 09, 2007@14:45

ENTRY DATE: NOV 09, 2007@14:45:09

AUTHOR: WHITNEY, ROBERT L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Posttraumatic Stress Disorder severity decreased to 6/10. Nightmares of trauma

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

variable as they are triggered by discussion of them. He Shares feelings and spends time with other vets daily. He discusses thoughts and feelings in detail about the trauma in therapy. No outbursts of anger. Depressed mood decreased to 3/10 but increases sometimes. For opioid dependence, he is abstinent, attends substance abuse groups/NA, and shows good insight. He attends all scheduled individual and group therapy sessions, and all psychoeducational classes.

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist
Signed: 11/09/2007 14:45

LOCAL TITLE: DOMICILIARY NOTE
STANDARD TITLE: DOMICILIARY NOTE
DATE OF NOTE: NOV 06, 2007@22:02 ENTRY DATE: NOV 06, 2007@22:02:31
AUTHOR: ROBERTS,JOHN D EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

Vet was one of 17 members participating in Wellness Group today @ 2000 hours. Topic was on Prostate Cancer and Disorders with accompanying video. Hilights were Understanding The Diagnosis, Treatment and Management, What is PSA and the Gleason Score? Other points of discussion were new procedures of radiation and "seed implants". Vet was attentive and appeared to understand the content of the discussion and video by participating in the questions and answers at the conclusion of the presentation.

/es/ JOHN D ROBERTS LPN//
MENTAL HEALTH
Signed: 11/06/2007 22:02

LOCAL TITLE: MEDICATION REVIEW
STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE
DATE OF NOTE: NOV 06, 2007@13:30 ENTRY DATE: NOV 06, 2007@13:30:05
AUTHOR: TOUB,GAIL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(0) Stanley had his med count today. Self-med level 4. He continues on self-medication. Vet feels his medications are helpful. There have been no adverse reactions reported. Discussed usage, dosage, food/drug interactions as well as possible side effects and reorder procedures.

Current medications are:
Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|-------------------------------|--------|
| ===== | ===== |

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

- 1) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT ACTIVE
- 2) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH ACTIVE
- 3) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS ACTIVE
- 4) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
- 5) NAPROXEN 500MG TAB (NAPROSYN) TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH FOOD ACTIVE
- 6) OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING ACTIVE
- 7) QUETIAPINE FUMARATE 100MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION ACTIVE
- 8) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN ACTIVE
- 9) VENLAFAXINE XR 37.5MG CAP (EFFEXOR XR) TAKE THREE CAPSULES BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY ACTIVE
- 10) ZOLPIDEM 10MG TAB (AMBIEN) TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP ACTIVE

Pain level 0.

(A) Compliant with self medication program. Stanley continues to follow the med program without incident. Friendly, cooperative. Good eye contact. Attends all program events.

(P) Will continue to monitor and educate.

/es/ GAIL TOUB LPN
DOMICILLARY
Signed: 11/06/2007 13:32

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 03, 2007@13:07:07 ENTRY DATE: NOV 03, 2007@13:07:07
AUTHOR: RUDOLPH, ROBIN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran left on daypass due back to the unit by 9:00pm.

/es/ ROBIN M. RUDOLPH, NA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Signed: 11/03/2007 13:07

LOCAL TITLE: PSYCHOLOGY
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: NOV 02, 2007@16:31 ENTRY DATE: NOV 02, 2007@16:31:26
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Letter faxed to lawyer 10/31 with his status and progress in program as in release of informaion. Hopes to get an overnight but that is up to the DA's office. Good participation in therapy this week. Continue goals and interventions.

/es/ ROBERT L WHITNEY, PHD
 Staff Psychologist
 Signed: 11/02/2007 16:33

LOCAL TITLE: TREATMENT PLAN UPDATE (PTSD)
 STANDARD TITLE: TREATMENT PLAN NOTE
 DATE OF NOTE: NOV 02, 2007@15:58 ENTRY DATE: NOV 02, 2007@15:58:45
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER: OBRIEN, CHRISTINE M
 URGENCY: STATUS: COMPLETED

PTSD PROGRAM UPDATE

STAFF PRESENT: R. Whitney, PhD; S. Rogers, PhD; A. Willis, PhD; T. Ennis, MS; P. Sands, PA-C; F McGuire, MSW; J. Goss, RN; N. Steenhusen, RN; G. Toub, LPN; M. Rogers, CTRS

PRIMARY THERAPIST: R. Whitney, PhD

The treatment team met with the patient, and together reviewed progress on the problems and objectives. The veteran participated in this discussion and was in agreement with this plan. Problems were brought forward into this update from the previous plan and updated.

PHE - No educational barriers to full participation have been identified since the initial assessment

PTSD was rated by the primary therapist for level of severity using a 10 point scale, where 10 represents the highest level of severity.

*PROBLEM/NEED: Posttraumatic Stress Disorder

SEVERITY: 8

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

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GOAL: Significant decrease in level of PTSD severity
 OBJECTIVE/TIME FRAME: Severity of PTSD decreased to 6; or determination that level of severity no longer justifies inpatient, programmatic treatment by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|--------------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Encourage involvement in community activities | Daily | Nursing Staff/HT |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Relaxation Group | Weekly | Nursing |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor, Seroquel, Remeron | | |

Update: Posttraumatic Stress Disorder severity decreased to 6/10. New objective 4/10 by 11/30/07.

PROBLEM/NEED: Nightmares of trauma 5 per week
 GOAL: Cessation of trauma nightmares
 OBJECTIVE/TIME FRAME: Nightmares decreased to twice weekly by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | X3/ Week | Primary therapist |
| Intrusion Ed. Groups | Scheduled | Assigned Staff |
| Monitor nightmares & encourage journaling | Daily | Nursing Staff/HT |

Update: Nightmares of trauma variable as they are triggered by discussion of them. Same objective

PROBLEM/NEED: Emotional & social estrangement
 GOAL: Fully involved with social relationships
 OBJECTIVE/TIME FRAME: Shares feelings and spends time with other vets daily by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Counseling on Family Issues | Once, PRN | Primary therapist |

Update: Objective being met

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Printed On May 06, 2010

PROBLEM/NEED: Avoidance of thoughts, feelings about the trauma
 GOAL: No avoidance of trauma issues
 OBJECTIVE/TIME FRAME: Discusses thoughts and feelings about the trauma weekly in therapy by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Art Therapy | Weekly | Art Therapist |

Update: He discusses some thoughts and feelings about the trauma in therapy. Being met

PROBLEM/NEED: Outbursts of anger 3 per week
 GOAL: No outbursts of anger
 OBJECTIVE/TIME FRAME: No uncontrolled outbursts of anger for a week by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Anger Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |

Update: Outbursts of anger not observed nor described, and shows very good control.

PROBLEM/NEED: Problems falling asleep
 GOAL: Patient satisfied with sleep
 OBJECTIVE/TIME FRAME: Sleeps 6 hours nightly by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|--|------------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Sleep Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |
| Monitor; Sleep Tips | Daily | Nursing Staff/HT |
| handout; encourage use of relaxation tapes | | |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Remeron | | |

Update: Sleep still not 6h yet- nightmares. Continue objective to 11/30/07

PROBLEM/NEED: Depressed mood
 SEVERITY: 4
 Rated by therapist for severity using a 10 point scale, where 10 represents the highest level of severity.
 GOAL: No depressed mood

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LASKOWSKI, STANLEY

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OBJECTIVE/TIME FRAME: Depressed mood decreased to 2 by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------|--------------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Depression Ed. Groups | Scheduled | Assigned Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor XR | | |

Update: Depressed mood decreased to 3/10 but occasional increases. Same objective by 11/30/07.

PROBLEM/NEED: Opioid Dependence, Vicodin

GOAL: Sustained sobriety

OBJECTIVE/TIME FRAME: Abstinence throughout entire stay

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------|-----------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Substance Abuse Class | Scheduled | Assigned Staff |
| Substance Abuse Group | Weekly | Dr. Willis |
| Transition Group | Twice | RN |
| NA Group | Weekly | Health Technician |
| Random Drug Urine | PRN | Nursing Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |

Update: Opioid Dependence- he is abstinent, attends substance abuse groups/NA, good insight.

UNADDRESSED NEEDS, JUSTIFICATION: Smokes cigarettes but not interested in cessation despite education and encouragement.

DISCHARGE PLAN

Discharge Criteria: *The veteran will be ready for discharge when the global severity of PTSD objective is met. The veteran will also be discharged if they appear to no longer be benefiting from treatment provided by this program, as evidenced by lack of progress in achieving objectives, or worsening of symptoms

Planned residence at discharge: To return home.

Follow-up treatment for PTSD: To be determined.

Followup treatment for medical problems: Resume at Wilkes-Barre VAMC

/es/ ROBERT L WHITNEY, PHD

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Staff Psychologist
Signed: 11/02/2007 16:00

/es/ CHRISTINE MORRIS O'BRIEN, MD
Psychiatrist
Cosigned: 11/05/2007 09:11

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: NOV 01, 2007@16:15 ENTRY DATE: NOV 01, 2007@16:15:03
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Leisure Education

Mr. Laskowski attended the scheduled leisure education session today. The topic was "Veterans Week Activities". The purpose was to inform veterans of special activities that will be held at CVAMC over the next week and to strongly encourage participation in the activities. Therapist gave brief lecture and gave each veteran a handout with detailed information pertaining to Veterans Weeks activities. Veteran seemed to understand the purpose of the group session by asking related questions and participating in group discussion. All questions were answered during class time. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 11/01/2007 16:15

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: NOV 01, 2007@10:34 ENTRY DATE: NOV 01, 2007@10:34:24
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

Mr. Laskowski attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym area, or socializing with others. He participated by socializing with others and stated that he probably was either going to run outdoors or walk during

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

class time. All questions were answered and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 11/01/2007 10:35

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: OCT 30, 2007@14:00 ENTRY DATE: NOV 01, 2007@09:27:23
AUTHOR: BEAUVAIS, DANIELLE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran attended the weekly one hour Relapse Prevention Group on 10/30/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was responding to the statement "Addiction is a disease of too-high expectations." Veterans discussed how their unreasonable expectations for themselves, others, jobs, and even inanimate objects have led to relapse in the past. The group challenged plans expressed by a veteran who is preparing to leave, suggesting more reasonable goals and timeframes. The vet said this was useful.

All group members contributed to the discussion and all had the opportunity to ask questions.

/es/ DANIELLE BEAUVAIS, Psy.D.

Signed: 11/01/2007 09:33

LOCAL TITLE: NUTRITION NOTE
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: OCT 30, 2007@11:22:36 ENTRY DATE: OCT 30, 2007@11:22:36
AUTHOR: SARMENTO, LAURA EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE - NUTRITION EDUCATION

Vet received verbal education in a group setting.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Printed On May 06, 2010

Topic: Importance of breakfast and healthy choices.
 Vet seemed interested in material presented. Actively participated in group discussion. Verbalized correct answers.
 Time was given after class to adjust vet's current diet, educate and update preferences.
 P: Encourage diet compliance and Heart Healthy Eating.
 Follow up with weekly nutrition class.

/es/ LAURA SARMENTO, R.D.
 CLINICAL DIETITIAN
 Signed: 10/30/2007 11:22

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 27, 2007@22:59 ENTRY DATE: OCT 27, 2007@22:59:18
 AUTHOR: RAWLS, JAMES EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Returned from Day Pass

Vet returned from day pass. Bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
 Signed: 10/27/2007 23:00

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 27, 2007@11:34 ENTRY DATE: OCT 27, 2007@11:34:57
 AUTHOR: RAY, MARYANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Day pass

Vet left on a day pass due to return this evening.

/es/ MARYANN RAY, HT
 HEALTH TECHNICIAN
 Signed: 10/27/2007 11:36

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 26, 2007@21:03 ENTRY DATE: OCT 26, 2007@21:03:34
 AUTHOR: HARRIS, BETTY LOU EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Vet. returned from day pass. Bal. neg. UA obtained by undersigned.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

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/es/ BETTY L. HARRIS NA.

Signed: 10/26/2007 21:03

LOCAL TITLE: PSYCHOLOGY

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: OCT 26, 2007@19:41

ENTRY DATE: OCT 26, 2007@19:41:15

AUTHOR: WILLIS, AMY C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention class 10/26/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the class was, starting with the understanding that relapse is most often associated with powerful negative emotions, how specific PTSD symptoms relate to relapse, especially anger, anxiety and loneliness/social isolation. How to identify these feelings and plan in advance to use positive coping skills, rather than alcohol or illegal drugs to manage these emotions, was elaborated upon.

The ward policy prohibiting any use of alcohol, illegal drugs, or misuse of prescription medication, including the prohibition on use of VA medication prescribed by staff not affiliated with the 8B PTSD program while a patient in the PTSD program, was reviewed.

Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD.

STAFF PSYCHOLOGIST

Signed: 10/26/2007 19:41

LOCAL TITLE: PSYCHOTHERAPY (PTSD)

STANDARD TITLE: PSYCHOLOGY E & M NOTE

DATE OF NOTE: OCT 26, 2007@17:52

ENTRY DATE: OCT 26, 2007@17:52:21

AUTHOR: WHITNEY, ROBERT L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Posttraumatic Stress Disorder severity remains 7/10. Nightmares of trauma variable as triggered by discussion of them. He discusses some thoughts and feelings about the trauma in therapy. He is not turning sadness and guilt into anger much. Outbursts of anger not observed nor described, and shows very good control. Sleep still not 6h yet- nightmares. Depressed mood remains 4/10. Opioid Dependence; he is abstinent, attends substance abuse groups/NA, good insight. Attends all individual and group therapy and psychoeducational classes with good understanding.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

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/es/ ROBERT L WHITNEY, PHD
Staff Psychologist
Signed: 10/26/2007 17:52

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: OCT 25, 2007@15:53 ENTRY DATE: OCT 25, 2007@15:53:07
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Leisure Education

Mr. Laskowski attended the scheduled leisure education session today. The topic was "Planning Your Leisure Time, Part 2". The purpose was to review last week's assignment on planning healthy leisure activities for a week, process what activities were/n't followed through with and why, and to reviewed the 3 benefits of planning. Therapist gave brief introduction and asked veteran to share weekly activities with group. Therapist also gave a handout today debriefing feelings on participating and follow-through with leisure activities. Veteran completed handout and shared personal ideas with group members. He was given opportunity to ask questions at the end of class time. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/25/2007 15:53

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: OCT 25, 2007@09:41 ENTRY DATE: OCT 25, 2007@09:41:08
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

Mr. Laskowski attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym area, or socializing with others. He participated by socializing with others in the gym area and stated; "I prefer to run outdoors. I ran this afternoon outside before it started to rain". Therapist receptive. All questions were answered

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/25/2007 09:42

LOCAL TITLE: MEDICATION REVIEW
STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE
DATE OF NOTE: OCT 24, 2007@11:21 ENTRY DATE: OCT 24, 2007@11:21:44
AUTHOR: TOUB, GAIL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(O) Stanley had his med count this morning. Self-med level 4. He continues on self-medication. Vet feels his medications are helpful. There have been no adverse reactions reported. Discussed usage, dosage, food/drug interactions as well as possible side effects and reorder procedures.

Current medications are:

Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|--|--------|
| 1) ACETAMINOPHEN 325MG TAB (TYLENOL) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR FEVER OR ACHES | ACTIVE |
| 2) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 3) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 4) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 5) MIRTAZAPINE 15MG TAB (REMERON) TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA | ACTIVE |
| 6) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 7) NAPROXEN 500MG TAB (NAPROSYN) TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH FOOD | ACTIVE |
| 8) OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 9) PSEUDOEPHEDRINE 30MG TAB (SUDAFED) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR NASAL CONGESTION | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Notes

Printed On May 06, 2010

- MOUTH EVERY 8 HOURS AS NEEDED FOR SINUS CONGESTION
- 10) QUETIAPINE FUMARATE 100MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION ACTIVE
- 11) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN ACTIVE
- 12) VENLAFAXINE XR 37.5MG CAP (EFFEXOR XR) TAKE THREE CAPSULES BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY ACTIVE

Pain level 0.

(A) Compliant with self medication program. Stanley offers no complaints about hsi meds, states he is feeling well and he looks like he is feeling better. Has been running regularly. Interacting more lately with all staff.

(P) Will continue to monitor and educate.

/es/ GAIL TOUB LPN

DOMICILLARY

Signed: 10/24/2007 11:25

LOCAL TITLE: PSYCHOLOGY

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: OCT 23, 2007@14:00

ENTRY DATE: OCT 24, 2007@09:28:52

AUTHOR: WILLIS, AMY C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention Group on 10/23/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was admitting to and challenging the idea of "I can have one or two beers after I get out, what is the harm in that?" Various group members reported how that kind of thinking had lead to repeated relapses, others identified helpful self-statements to substitute instead. The concept of denial was elaborated upon.

Most group members contributed to the discussion and all had the opportunity to ask questions.

/es/ AMY C. WILLIS, PHD

STAFF PSYCHOLOGIST

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Signed: 10/24/2007 09:31

LOCAL TITLE: KT INITIAL NOTE
STANDARD TITLE: KINESIOTHERAPY INITIAL EVALUATION NOTE
DATE OF NOTE: OCT 22, 2007@13:33 ENTRY DATE: OCT 22, 2007@13:36:13
AUTHOR: SMITH,KEITH EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PM&RS TREATMENT AREA:
KT-38-GYM

PROBLEM / NEED:
DECREASE STRENGTH AND ENDURANCE OF THE KNEES

TREATMENT OBJECTIVE:
INCREASE STRENGTH AND ENDURANCE KNESSA

TREATMENT PLAN:
KT-38-GYM MON-WED-FRI FOR 45MINS.

EVALUATION / PROGRESS: Veteran is assign to KT-38-GYM Mon, Wed, and Fri .
veteran may participate in the following programs which are provided by
KT-38-GYM staff : GENERAL CONDITION, STRENGHT TRAINING (UNIVERSAL OR FREE
WEIGHTS), AEROBIC CONDITIONING (W/USE OF CARIO MACHINES), FAT REDUCTION
PROGRAMS, AND INJURY SPECIFIC RECONDITIONING . Veterans who suffer from
chronic re-occurring pain are instructed in pain management routine
consisting of pre, during , and post exercise maintenance of there
particular pain area(s) (muscular, skeletal, or neurological) . Veteran
will continue and progress with intial program until a minimum goal of
20mins. is met or veteran is discontinue .

PATIENT EDUCATION:

- SAFE AND EFFECTIVE USE OF MEDICAL EQUIPMENT:

WHO:

- Patient

HOW:

- Demonstration

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Progress Notes

Printed On May 06, 2010

- Verbal instructions
RESPONSE:
- Verbalized recall / understanding
- Demonstrated ability

LEARNING BARRIERS:
NONE

- REHABILITATION TECHNIQUES TOWARD FUNCTIONAL INDEPENDENCE:

WHO:
- Patient
HOW:
- Demonstration
- Verbal instructions
RESPONSE:
- Verbalized recall / understanding
- Demonstrated ability
LEARNING BARRIERS:
NONE

- EDUCATIONAL PROCESS ON PAIN, THE RISK FOR PAIN AND THE IMPORTANCE OF EFFECTIVE PAIN MANAGEMENT:

WHO:
- Patient
HOW:
- Pamphlet
- Verbal instructions
RESPONSE:
- Demonstrated ability
LEARNING BARRIERS:
NONE

- AVAILABLE COMMUNITY RESOURCES AND EDUCATION NECESSARY FOR DISCHARGE:

WHO:
- Patient
HOW:
- Pamphlet
- Verbal instructions
RESPONSE:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Notes

Printed On May 06, 2010

- Verbalized recall / understanding
LEARNING BARRIERS:
NONE

- INTERDISCIPLINARY EDUCATIONAL PROCESS (i.e. family, staff) AS
APPROPRIATE TO THE CARE PLAN:

WHO:
- Patient
- Family
- Patient and significant others

HOW:
- Verbal instructions

RESPONSE:
- Questions
- Verbalized recall / understanding

LEARNING BARRIERS:
NONE

/es/ KEITH SMITH, KT
KINESIOTHERAPIST
Signed: 10/22/2007 13:36

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 21, 2007@22:17 ENTRY DATE: OCT 21, 2007@22:17:32
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Urine Obt.

Vet gave pass urine to undersigned.

/es/ JAMES T. RAWLS, HT
Signed: 10/21/2007 22:18

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 21, 2007@21:52 ENTRY DATE: OCT 21, 2007@21:52:06
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Returned from A.A.

Vet returned from A.A. Bal was neg, urine was not obtained yet.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

/es/ JAMES T. RAWLS, HT

Signed: 10/21/2007 21:53

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 20, 2007@07:12 ENTRY DATE: OCT 20, 2007@07:12:09
 AUTHOR: HAMILTON, FRANKLIN W EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran signed out on aa.

/es/ FRANKLIN W. HAMILTON JR., NA

Signed: 10/20/2007 07:12

LOCAL TITLE: PSYCHOTHERAPY (PTSD)
 STANDARD TITLE: PSYCHOLOGY E & M NOTE
 DATE OF NOTE: OCT 19, 2007@16:34 ENTRY DATE: OCT 19, 2007@16:34:09
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Posttraumatic Stress Disorder severity decreased to 7/10. Nightmares of trauma Continue as discussion provokes them. He is just beginning to discuss thoughts and feelings about the trauma. For emotional & social estrangement he is still turning most emotions into anger but is starting to catch himself doing this and beginning to see its relation to combat. Outbursts of anger on occasion but generally good control. Sleep improved but not 6h yet. Depressed mood at 4/10. Opioid Dependence - has not used, attending substance abuse groups and NA, starting to understand he was dependent and how it affected his behavior. He attends all individual and group therapy and psychoeducational classes-good understanding. GAF Score: 45

/es/ ROBERT L WHITNEY, PHD
 Staff Psychologist
 Signed: 10/19/2007 16:34

LOCAL TITLE: MEDICATION REVIEW
 STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE
 DATE OF NOTE: OCT 19, 2007@10:21 ENTRY DATE: OCT 19, 2007@10:21:19
 AUTHOR: TOUB, GAIL EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

(O) Stanley had his med count this morning. Self-med level 4. He continues on self-medication. Vet feels his medications are helpful. There have been no

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

adverse reactions reported. Discussed usage, dosage, food/drug interactions as well as possible side effects and reorder procedures.

Current medications are:

Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|---|--------|
| 1) ACETAMINOPHEN 325MG TAB (TYLENOL) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR FEVER OR ACHES | ACTIVE |
| 2) BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 3) GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 4) LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 5) MIRTAZAPINE 15MG TAB (REMERON) TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA | ACTIVE |
| 6) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 7) NAPROXEN 500MG TAB (NAPROSYN) TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH FOOD | ACTIVE |
| 8) OMEPRAZOLE 20MG CAP,EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 9) PSEUDOEPHEDRINE 30MG TAB (SUDAFED) TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR SINUS CONGESTION | ACTIVE |
| 10) QUETIAPINE FUMARATE 100MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION | ACTIVE |
| 11) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN | ACTIVE |
| 12) VENLAFAXINE XR 37.5MG CAP (EFFEXOR XR) TAKE THREE CAPSULES BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY | ACTIVE |

Pain Survey:

PAIN SCORE: 2 (10/19/2007 10:22)

Pain Reevaluation:

Patient with long-standing chronic pain and at an acceptable level of pain.

PLAN:

Pain behaviors improved. Continue to monitor.

(A) Compliant with self medication program. Stanley is following the med

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

contract without incident. He is visibly brighter in affect, better eye contact.

(P) Will continue to monitor and educate.

/es/ GAIL TOUB LPN
DOMICILLARY
Signed: 10/19/2007 10:24

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: OCT 18, 2007@15:47 ENTRY DATE: OCT 18, 2007@15:47:53
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Leisure Education

Mr. Laskowski attended the scheduled leisure education session today. The topic was "Planning Your Leisure Time". The purpose was to encourage veteran to identify benefits to planning your time, identify tools to assist in planning, and to give examples of healthy activities. Therapist gave brief introduction and gave veteran a calendar handout to begin practice planning his free time. Veteran participated by completing handout assignment and seemed to understand the purpose of the group session. Veteran was cooperative during class and was given opportunity to ask questions at the end of class time. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/18/2007 15:48

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: OCT 18, 2007@10:37 ENTRY DATE: OCT 18, 2007@10:37:33
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE

Mr. Laskowski attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

area, or socializing with others. He participated by socializing with others and went for a walk outdoors. All questions were answered and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/18/2007 10:38

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: OCT 17, 2007@10:00 ENTRY DATE: OCT 22, 2007@18:23:30
AUTHOR: WILLIS, AMY C EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE PTSD

Veteran attended a one hour patient health education class 10/17/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the lecture was "Avoiding Re-traumatization"; what it is and how to avoid doing it to oneself. Specific strategies to manage information, identify and control emotions, and to make and follow realistic plans for safety and for self-care, and well as care for one's family, were reviewed. Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 10/22/2007 18:23

LOCAL TITLE: PM&R PHYSICIAN CONSULT
STANDARD TITLE: PHYSICAL MEDICINE REHAB E & M CONSULT
DATE OF NOTE: OCT 16, 2007@11:25 ENTRY DATE: OCT 16, 2007@11:25:40
AUTHOR: HANSPAL, REENA K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Reason for Request: Patient with no physical complaints at this time requests use of gym and requires clearance.

MR. LASKOWSKI is 29 years old on 8B with a h/o PTSD.
He is referred to PM&R for use of the gym.

He gives h/o chronic R hip pain which started in 2000 after a hiking incidence when he was in the service. He was informed that Xrays and MRI studies were

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

negative for bony pathology. He was dx with bursitis and iliotibial band syndrome - was on PT (no relief), received cortisone injection (made the pain worse). NSAID's and the stretching exercises and physical modalities were not helpful. He reports painful cracking sensation which is deep in the lateral aspect of the joint and feeling of slight shifting with forward bending with a rotational component. Has felt some pain on the R knee when the hip pain is bad. No pain in the back and groin. No numbness. The pain is experienced after being in one position for a while and after prolonged walking/running. Has to crack the joint to relieve the symptoms. He is on Tramadol prn. He is able to walk - 2 miles and to run 3 miles. Walking inclines and stairs is more painful. He worked as a Mutual Fund Broker.

XRAYS: Wilkes Barre VAMC 4/07: Report:

Bilateral hip joints

The regional bony structures are normal in configuration and density. There is no evidence of new or old osseous injury. The femoral heads are well positioned within the acetabulum. The joint spaces are well preserved with smooth margins. No soft tissue abnormality is demonstrated. Small area of increased density is identified in the right femoral head compatible with a benign bone island.

Impression:

Normal study of the bilateral hip joints.

SH: married, 3 children, smokes 1PPD, quit drinking 2 months ago.

| Active Outpatient Medications | | Status |
|-------------------------------|---|--------|
| ===== | | |
| 1) | ACETAMINOPHEN 325MG TAB (TYLENOL) TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR FEVER OR ACHES | ACTIVE |
| 2) | BENZOCAINE 6MG/MENTHOL 10MG LOZENGE DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE THROAT | ACTIVE |
| 3) | GUAIFENESIN DM SYRUP (ROBITUSSIN DM) TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH | ACTIVE |
| 4) | LORATADINE 10MG TAB (CLARITIN) TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS | ACTIVE |
| 5) | MIRTAZAPINE 15MG TAB (REMERON) TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA | ACTIVE |
| 6) | MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 7) | OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 8) | PSEUDOEPHEDRINE 30MG TAB (SUDAFED) TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR SINUS CONGESTION | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

- 9) QUETIAPINE FUMARATE 100MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION ACTIVE
- 10) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN ACTIVE
- 11) VENLAFAXINE XR 75MG CAP (EFFEXOR XR) TAKE ONE CAPSULE BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY ACTIVE

Allergies: Patient has answered NKA

Height: 67.3 in [170.9 cm] (09/25/2007 11:06)
 Weight: 197 lb [89.5 kg] (09/25/2007 11:06)
 BMI: 30.6
 Pulse: 72 (09/25/2007 11:06)
 Temp: 98.9 F [37.2 C] (09/25/2007 11:06)
 BP: 130/87 (09/25/2007 11:06)
 Pain: 4 (09/25/2007 10:57)

P/E: A&Ox3, cooperative, ambulatory without gait aids.
 TLS spine - normal AROM of TLS spine. No tenderness. Negative SLR.
 R HIP - no tenderness elicited on the groin, trochanter region and along the tensor fascia lata. Normal Patrick's test. Clicking sensation palpated x 1 on the anterolateral hip with flexion and IR movements of the hip.
 BLE - no motor deficits and no sensory deficits with light touch. KJ/AJ brisk with one to two beat unsustained ankle clonus on the R. R calf slightly larger than L. No swelling. Plantar flexors.
 Able to walk on heels, toes and tandem. No major gait deviations noted.
 UE - normal strength, +2 DTR reflexes, negative Hoffman's reflex.

IMP: Chronic R hip pain - snapping R hip - w/u negative for bony pathology and treatments for soft tissue pain not effective in the past.

Suggest Neurological evaluation for the brisk reflexes on BLE.

He is referred to PM&R for use of gym. He can use this 3/week. He knows that he needs to avoid exercises that aggravate the hip pain. He is interested in using the KT pool while on PTSD program - can use it 2/week for general conditioning exercises.

Precautions: avoid exercises that aggravate the R hip pain.

The above plan was discussed with the patient, he verbalized good understanding.

/es/ REENA K. HANSPAL M.D.

Signed: 10/16/2007 13:53

LOCAL TITLE: NUTRITION NOTE

STANDARD TITLE: NUTRITION DIETETICS NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

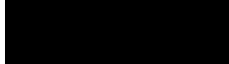

DATE OF NOTE: OCT 16, 2007@11:12:52 ENTRY DATE: OCT 16, 2007@11:12:52
 AUTHOR: SARMENTO, LAURA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: phe- nutrition education



Vet received verbal education in a group setting.
 Topic: Eating Healthy for Your Heart.
 Vet seemed interested in material presented. Actively participated in group discussion. Verbalized correct answers.
 Time was given after class to adjust vet's current diet, educate and update preferences.
 P: Encourage diet compliance and Heart Healthy Eating.
 Follow up with weekly nutrition class.

/es/ LAURA SARMENTO, R.D.
 CLINICAL DIETITIAN
 Signed: 10/16/2007 11:12

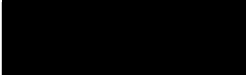
LOCAL TITLE: PSYCHOSOCIAL ASSESSMENT
 STANDARD TITLE: SOCIAL WORK E & M NOTE
 DATE OF NOTE: OCT 15, 2007@13:30 ENTRY DATE: OCT 15, 2007@16:19:14
 AUTHOR: MAGUIRE, FRANCIS J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

DEMOGRAPHICS

Claim #: 
 Address: 


Phone: 
 Date Of Birth: 

Next Of Kin


Name: Marisol Laskowski
 Relationship: Spouse
 Address: 

Phone: 

Surrogate For Health Care Decisions

Name: Marisol Laskowski
 Relationship: Spouse
 Address: 

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY


VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

Phone:

ELOPEMENT ASSESSMENT

Does this patient have a court appointed legal guardian? No

If yes, identify legal guardian:

Is this patient considered to be a danger to self or others? No

If yes, specify:

Has this patient been legally committed? No

If yes, specify:

Does this patient lack the cognitive ability to make relevant decisions?
No

If yes, specify:

Does this patient have a history of escape or elopement? No

Does this patient have physical or mental impairments that increase
their risk of harm to self or others? No

If yes, specify:

Name of provider notified:

Method of notification:

Time provider notified:

FAMILY INFORMATION

Childhood History

Reared by: Both parents

Siblings: None

Veteran's Birth Order: 1 of 1

Additional Information:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

Nuclear Family

(Check current marital status & duration, describe multiple instances of being divorced or widowed)

Married

Children (Indicate#,gender,age): Girl 5,Boy 2 / Boy two months

Involvement with children (limited, active, etc.): Great relationship and very involved

Current Relationship (specifics): good

Additional Information:

SEXUAL HISTORY

Are you comfortable with your sexual orientation? Yes

Comment:

Is your sexual orientation straight, gay or bisexual?: straight

If indicated, based on the information above, the following adjustments to the plan of care are recommended/A

EDUCATION

Highest Grade Completed: high school

Educational difficulties (explain): none reported by veteran

Additional information:

SUPPORT SYSTEMS

Social/Peer Group's/a

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

Additional Information:

MILITARY HISTORY

Branch of Service:

| Service Branch | Service # | Entered | Separated | Discharge |
|----------------|------------|--------------|--------------|-----------|
| MARINE CORPS | [REDACTED] | FEB 23, 1999 | FEB 05, 2007 | HONORABLE |

Service Dates (include all periods):

Combat: Yes.

POW: No.

Noncombat trauma: No.

Type of Discharge: Honorable

Service Connection: SERVICE CONNECTED % - 60

Additional Information:

EMPLOYMENT

Currently Employed: No.

Retired: No.

Disabled: No.

Type of Employment/Profession: Finance

When last employed: 8-15-07

Additional information:

INCOME

(list monthly amounts for all that apply, & SC percent)

Employment Income: \$0

VA

SC Compensation (%): \$1156.00

NSC Pension: \$0

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

NSC & Housebound: \$0
 NSC & Aid & Attendance: \$0

NON VA

Social Security: \$0
 SSDI: \$0
 SSI: \$
 Other (Specify): \$0

COMPETENCE (FINANCES)

Has the veteran been rated or adjudged incompetent for finances?
 No

(If yes, list VA, SS, and/or other guardian/fiduciary)
 N/A

VA

Name:N/A
 Relationship:N/A
 Address:N/A

Telephone:N/A`

SS/SSDI/SSI

Name:N/A
 Relationship:N/A
 Address:N/A

Telephone: N/A

OTHER

Name:N/A
 Relationship:N/A
 Address:N/A

Telephone:

COMPETENCE (PERSON)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Has the veteran been adjudged incompetent of person?
No

If yes, list guardian:

Name:N/A
Relationship:N/A
Address:N/A

Telephone:

LEGAL ISSUES

Describe History of Significant Legal Issues:
VETERAN IS WAITING FOR COURT DATE

Current Probation/Parole: No

PO Name:N/A
Phone:N/A

Will legal situation influence the progress in care?
NO

Is there a relationship between presenting conditions and legal involvement?
YES, DESCRIBE: YES SUBSTANCE ABUSE

Other Current Legal Issues:
COURT DATES

ADVANCE DIRECTIVE

Does the veteran have an Advance Directive? Yes

If yes, does the Medical Center have a copy? No

If not on record, summarize the veteran's treatment preferences:

If veteran does not have an Advance Directive, does he/she want one? No

IF YES, INDICATE WHAT WAS DONE TO PROVIDE INFORMATION AND PLANS FOR FOLLOW-UP:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

VETERAN WILL CALL HIS WIFE AND GET COPY
FOR MEDICAL CENTER FILE

Does the veteran have a Behavioral Health Advance Directive? No

If yes, where can we obtain a copy?

RELIGIOUS, ETHNIC AND CULTURAL INFLUENCES

Religion: NONE

Race: WHITE

Impact on veteran's current functioning:
VETERAN DOES BELIEF IN GOD

HOUSING/ENVIRONMENT

Type of Housing/Environment: RENT HOUSE

With Whom: WIFE AND CHILDREN

Able to return to previous residence? Yes

If no, explain:

USE OF LEISURE TIME AND RECREATION:
GOLF, WALKING /RUNNING

HEALTH, EMOTIONAL, SOCIAL FACTORS LEADING TO TREATMENT/ADMISSION:
VETERAN IS WORRIED ABOUT HIS COURT CASE
AND THE LOSE OF HIS JOB

IDENTIFICATION OF BIOPSYCHOSOCIAL ISSUES AND PROBLEMS:
VETERAN COULD GO TO PRISON AND MAY
LOSE HIS JOB. THIS WILL CAUSE FAMILT
TENSION

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

NEED FOR AND FEASABILITY OF FAMILY PARTICIPATION:
FAMILY PRICIPATION COULD HELP SOME
BECUASE OF VETERAN PAST BEHAVIOR

RECOMMENDATIONS FOR TREATMENT/ REFERRALS/ DISCHARGE PLAN:
N/A VETERAN PTSD GROUP AT VET CENTER
AND FOLLOW UP INDIVIDUAL CARE

STRENGTHS

List strengths, abilities, etc:
THE VETERAN ABILITY TO WANT TO CHANGE AND TAKE RESPONABILITY FOR HIS
ACTION IN THE PASTED

BARRIERS

Specify areas of potential improvement, impediments to progress:
SUBSTANCE ABUSE

/es/ FRANCIS J MAGUIRE MSW CAC
Francis J Maguire LSW CACD
Signed: 10/15/2007 16:48

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 14, 2007@19:41 ENTRY DATE: OCT 14, 2007@19:41:45
AUTHOR: RAWLS,JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Returned from Day Pass

Vet returned from day pass. Bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
Signed: 10/14/2007 19:43

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 14, 2007@11:35 ENTRY DATE: OCT 14, 2007@11:35:02
AUTHOR: RAY,MARYANN EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

URGENCY:
SUBJECT: Day pass

STATUS: COMPLETED

Vet left on a day pass due to return this evening.

/es/ MARYANN RAY, HT
HEALTH TECHNICIAN
Signed: 10/14/2007 11:35

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 13, 2007@19:18 ENTRY DATE: OCT 13, 2007@19:18:30
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Returned from Day Pass

Vet returned from day pass. Bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT
Signed: 10/13/2007 19:20

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 13, 2007@14:52 ENTRY DATE: OCT 13, 2007@14:52:29
AUTHOR: RAY, MARYANN EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Day pass

Vet left on a day pass due to return this evening.

/es/ MARYANN RAY, HT
HEALTH TECHNICIAN
Signed: 10/13/2007 14:52

LOCAL TITLE: HEALTH TECHNICIAN
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 12, 2007@20:22 ENTRY DATE: OCT 12, 2007@20:22:39
AUTHOR: RAWLS, JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Returned from Day Pass

Vet left on day pass. Returned bal was neg, urine was obtained by undersigned.

/es/ JAMES T. RAWLS, HT

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Signed: 10/12/2007 20:23

LOCAL TITLE: RECREATION THERAPY
 STANDARD TITLE: RECREATIONAL THERAPY NOTE
 DATE OF NOTE: OCT 11, 2007@10:04 ENTRY DATE: OCT 11, 2007@10:04:38
 AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE

Mr. Laskowski attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym area, or socializing with others. He participated by socializing with others and stated he was going outdoors for a jog. All questions were answered and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
 RECREATION THERAPIST
 Signed: 10/11/2007 10:05

LOCAL TITLE: PSYCHOLOGY
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: OCT 09, 2007@14:00 ENTRY DATE: OCT 11, 2007@18:12:42
 AUTHOR: WILLIS, AMY C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE PTSD

Veteran attended the weekly one hour Relapse Prevention Group on 10/9/07 on the 8B PTSD Program. Veterans have been referred to this group by their primary therapist due to past or current struggles with alcohol, illegal, or prescription drugs. Goals of this group are to 1) Help veterans maintain abstinence during hospitalization and 2) Increase motivation and knowledge about continuing to develop an alcohol and drug-free lifestyle after discharge.

The focus of the group discussion was looking at how to sooth feelings evoked by the morning's therapeutic trip to the Reading, PA Memorial Park. Past patterns of substance abuse to short-circuit emotions related to loss, grief, and anger were examined and positive coping skills were proposed.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Most group members contributed to the discussion and all had the opportunity to ask questions.

/es/ AMY C. WILLIS, PHD
STAFF PSYCHOLOGIST
Signed: 10/11/2007 18:12

LOCAL TITLE: SOCIAL WORK NOTE
STANDARD TITLE: SOCIAL WORK NOTE
DATE OF NOTE: OCT 09, 2007@10:34 ENTRY DATE: OCT 10, 2007@10:35:08
AUTHOR: SNYDER, NANCY J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Vet was scheduled to meet with this writer at 3pm to complete a psychosocial assessment however vet to did not show. Will need to be re-scheduled.

/es/ NANCY J SNYDER MSW, LCSW
SOCIAL WORKER
Signed: 10/10/2007 10:38

LOCAL TITLE: TREATMENT PLAN
STANDARD TITLE: TREATMENT PLAN NOTE
DATE OF NOTE: OCT 09, 2007@17:14 ENTRY DATE: OCT 09, 2007@17:14:32
AUTHOR: WHITNEY, ROBERT L EXP COSIGNER: OBRIEN, CHRISTINE M
URGENCY: STATUS: COMPLETED

PTSD PROGRAM

STAFF PRESENT: R. Whitney, PhD; S. Rogers, PhD; A. Willis, PhD; T. Ennis, MS; D. Beauvais, PsyD; N Snyder, MSW; P. Sands, PA-C; N. Steenhusen, RN; H. O'Lone, MA

PRIMARY THERAPIST: R. Whitney, PhD

The treatment team met and all the assessments were reviewed. The patient was present and was asked about their perceived problems and needs. This discussion led to the following prioritized list of identified problems, objectives, and interventions. These problems were chosen as the most salient and amenable to treatment during this admission. The veteran was in agreement with the following plan.

PTSD was rated by the primary therapist for level of severity using a 10 point scale, where 10 represents the highest level of severity.

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*PROBLEM/NEED: Posttraumatic Stress Disorder SEVERITY: 8

GOAL: Significant decrease in level of PTSD severity

OBJECTIVE/TIME FRAME: Severity of PTSD decreased to 6; or determination that level of severity no longer justifies inpatient, programmatic treatment by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|--------------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Encourage involvement in community activities | Daily | Nursing Staff/HT |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Relaxation Group | Weekly | Nursing |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor, Seroquel, Remeron | | |

Update:

PROBLEM/NEED: Nightmares of trauma 5 per week

GOAL: Cessation of trauma nightmares

OBJECTIVE/TIME FRAME: Nightmares decreased to twice weekly by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | X3/ Week | Primary therapist |
| Intrusion Ed. Groups | Scheduled | Assigned Staff |
| Monitor nightmares & encourage journaling | Daily | Nursing Staff/HT |

Update:

PROBLEM/NEED: Emotional & social estrangement

GOAL: Fully involved with social relationships

OBJECTIVE/TIME FRAME: Shares feelings and spends time with other vets daily by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Counseling on Family Issues | Once, PRN | Primary therapist |

PROBLEM/NEED: Avoidance of thoughts, feelings about the trauma

GOAL: No avoidance of trauma issues

OBJECTIVE/TIME FRAME: Discusses thoughts and feelings about the trauma

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Progress Notes

Printed On May 06, 2010

weekly in therapy by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|------------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Psych Education Groups | Scheduled | Assigned Staff |
| Art Therapy | Weekly | Art Therapist |

Update:

PROBLEM/NEED: Outbursts of anger 3 per week

GOAL: No outbursts of anger

OBJECTIVE/TIME FRAME: No uncontrolled outbursts of anger for a week by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Anger Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |

Update:

PROBLEM/NEED: Problems falling asleep

GOAL: Patient satisfied with sleep

OBJECTIVE/TIME FRAME: Sleeps 6 hours nightly by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|--|------------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Sleep Ed. Groups | Scheduled | Assigned Staff |
| Relaxation Group | Weekly | Nursing |
| Monitor; Sleep Tips | Daily | Nursing Staff/HT |
| handout; encourage use of relaxation tapes | | |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Remeron | | |

Update:

PROBLEM/NEED: Depressed mood

SEVERITY: 4

Rated by therapist for severity using a 10 point scale, where 10 represents the highest level of severity.

GOAL: No depressed mood

OBJECTIVE/TIME FRAME: Depressed mood decreased to 2 by 11/8/07

| INTERVENTION(S) | FREQUENCY | STAFF |
|---------------------|-----------|-------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Printed On May 06, 2010

| | | |
|-----------------------|--------------|----------------------|
| Depression Ed. Groups | Scheduled | Assigned Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |
| Recreational Events | As available | Recreation Therapist |
| Psychotropic Meds | Daily, PRN | Psychiatrist, RN |
| Effexor XR | | |
| Update: | | |

PROBLEM/NEED: Opioid Dependence, Vicodin
 GOAL: Sustained sobriety
 OBJECTIVE/TIME FRAME: Abstinence throughout entire stay

| INTERVENTION(S) | FREQUENCY | STAFF |
|-----------------------|-----------|----------------------|
| Individual Therapy | Weekly | Primary therapist |
| Group Psychotherapy | x3/ Week | Primary therapist |
| Substance Abuse Class | Scheduled | Assigned Staff |
| Substance Abuse Group | Weekly | Dr. Willis |
| Transition Group | Twice | RN |
| NA Group | Weekly | Health Technician |
| Random Drug Urine | PRN | Nursing Staff |
| Leisure Educ Group | Weekly | Recreation Therapist |

Update:

UNADDRESSED NEEDS, JUSTIFICATION: No medical issues identified. Smokes cigarettes but is not interested in smoking cessation despite education and encouragement.

EDUCATIONAL BARRIERS

The veteran has been assessed for the ability to participate in patient health education activities. This included the ability to understand instructions and express themselves via verbal and written English, emotional barriers, motivation to learn, cultural and religious beliefs, cognitive limitations, physical limitations, potential age-specific needs, and the financial implications of care choices.

There are no barriers to full participation in patient health education activities.

HEALTH EDUCATION NEEDS (Indicate X to all that apply, individualize)

- ☒ Safe & effective use of medication
 Will receive individual education from the Pharmacist or RN, and compliance will be monitored by the RN during weekly medication review
☐ Safe & effective use of medical equipment

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Upon receipt of equipment, will receive individual education from the Rehab Medicine specialist, medical provider, or RN

- ☒ Potential drug-food interactions
 - Will receive individual education from the dietician, Pharmacist, or RN, and will be able to recognize & avoid such foods
- ☐ Nutrition intervention or modified diet
 - Will receive individual education from the dietician, and will be able to follow the diet
- ☒ Rehabilitation techniques
 - Will receive group & individual education from all staff, and will be able to use techniques effectively
- ☒ Basic safety
 - Will receive individual education from the nursing staff and via the Pt. handbook, and will be able to perform accurately in drills
- ☐ Discharge planning, instructions, & community resources
 - Will receive group and individual education from the RN, social worker, and primary therapist, and will be able to follow discharge plans

DIET
Regular

SPIRITUAL NEEDS

The veteran's spiritual screening was reviewed.
The veteran does not want to meet individually with a chaplain.

The veteran's specific spiritual needs will be addressed by the chaplain through prayers/group worship, if the veteran decides to follow through with this. Changes in privileges will not prevent fulfillment of those needs.

FUNCTIONAL STRENGTHS/FACILITATING FACTORS

Motivated to change: x
Family/Other Support: x
Adequate Income: x
Has Housing: x
Social Skills: x
Cognitive Function Intact: x

FUNCTIONAL LIMITATIONS/BARRIERS

Inadequate Support System:
Inadequate Income:
No housing:
Inadequate Social Skills:

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Progress Notes

Printed On May 06, 2010

Physical Limitations:
Cognitive Function Impaired:

UNIT ASSIGNMENT

The veteran is assigned to the Treatment Unit.

DISCHARGE PLAN

Discharge Criteria: *The veteran will be ready for discharge when the global severity of PTSD objective is met. The veteran will also be discharged if they appear to no longer be benefiting from treatment provided by this program, as evidenced by lack of progress in achieving objectives, or worsening of symptoms

Planned residence at discharge: To return home.

Follow-up treatment for PTSD: Is to be determined.

Followup treatment for medical problems: Will be provided by Wilkes-Barre VAMC.

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist
Signed: 10/09/2007 17:15

/es/ Theodore Nam, MD
Chief Psychiatrist
Cosigned: 10/10/2007 11:39
for CHRISTINE MORRIS O'BRIEN, MD
Psychiatrist

LOCAL TITLE: PSYCHOLOGY
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: OCT 09, 2007@16:15 ENTRY DATE: OCT 09, 2007@16:15:44
AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Returned call to pt's attorney, Pat Casey (570)342-6100 after getting a release from the vet. Provided estimated discharge date- 1st week of December, prognosis, need for follow-up therapy, ability to handle day and overnight passes. He says the court case looks good for Stan as the prosecutor, police and so on are taking his Iraq and military record into account. His court date is continued into January so that will not be an issue in the program and he can concentrate on psychotherapy for war issues. Visited a local war memorial today with the rest of the unit and did good work on grief issues related to men lost in his unit.

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist
Signed: 10/09/2007 16:21

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Progress Notes

Printed On May 06, 2010

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 08, 2007@22:43 ENTRY DATE: OCT 08, 2007@22:43:14
 AUTHOR: RAWLS,JAMES EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Urine Obt.

Vet gave pass urine to undersigned.

/es/ JAMES T. RAWLS, HT

Signed: 10/08/2007 22:44

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 08, 2007@22:06 ENTRY DATE: OCT 08, 2007@22:07:05
 AUTHOR: RAWLS,JAMES EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Returned from Day Pass

Vet was out on day pass. Returned bal was neg, urine was not obtained yet.

/es/ JAMES T. RAWLS, HT

Signed: 10/08/2007 22:08

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 06, 2007@22:51 ENTRY DATE: OCT 06, 2007@22:51:05
 AUTHOR: HARRIS,BETTY LOU EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Vet. returned from day pass. Bal. neg. UA obtained by undersigned.

/es/ BETTY L. HARRIS NA.

Signed: 10/06/2007 22:51

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: OCT 06, 2007@07:16 ENTRY DATE: OCT 06, 2007@07:16:55
 AUTHOR: HAMILTON,FRANKLIN W EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Veteran signed out on day pass.

/es/ FRANKLIN W. HAMILTON JR., NA

Signed: 10/06/2007 07:17

LOCAL TITLE: PSYCHOLOGY
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: OCT 05, 2007@18:55 ENTRY DATE: OCT 05, 2007@18:55:27
 AUTHOR: WILLIS, AMY C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE PTDS

Veteran attended the weekly one hour Relapse Prevention class 10/5/07 on ward 8B PTSD Program taught by the undersigned, Amy Willis, PhD. The focus of the class was structuring weekend activities while on day passes or overnight passes in order to further therapeutic goals. How to successfully individualize these goals was illustrated with many different examples. Also, basic principles such as going places with a positive person, carefully planning activities to avoid "people, places and things" associated with relapse, and not having secrets about one's plans were reviewed.

The ward policy prohibiting any use of alcohol, illegal drugs, or misuse of prescription medication, including the prohibition on use of VA medication prescribed by staff not affiliated with the 8B PTSD program while a patient in the PTSD program, was reviewed.

Adequate time was allowed for questions and answers and the general level of discussion indicated an overall good level of comprehension.

/es/ AMY C. WILLIS, PHD
 STAFF PSYCHOLOGIST
 Signed: 10/05/2007 18:55

LOCAL TITLE: RECREATION THERAPY
 STANDARD TITLE: RECREATIONAL THERAPY NOTE
 DATE OF NOTE: OCT 05, 2007@13:29 ENTRY DATE: OCT 05, 2007@13:29:50
 AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PHE-Leisure Education

Mr. Laskowski attended the scheduled leisure education session yesterday. The topic was decorating the 2 wreaths that will be presented next Tuesday at the Reading Memorial. The purpose was to encourage creativity, to create a project the veterans are proud to present, as well as to support positive emotional

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

feelings toward the creation of the wreath. Therapist gave veterans needed supplies to complete project. He participated by decorating the wreath, socializing with others, and giving his ideas to others. Veteran seemed to understand the purpose of the group session. Veteran was pleased with the finished decorated wreaths. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/05/2007 13:30

LOCAL TITLE: RECREATION THERAPY
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: OCT 04, 2007@10:43 ENTRY DATE: OCT 04, 2007@10:43:03
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-Gyn Class

Mr. Laskowski attended physical fitness class last evening. The purpose of the class is to encourage socialization, opportunity for light exercise to decrease anxiety and depression and promote a more healthy lifestyle. Class goals and expectations were identified, which veteran seemed to acknowledge and understand. Veteran was encouraged to participate during class time by either stretching, light weight-lifting, light cardio workout, assisting others in gym area, or socializing with others. He participated by socializing with others and reported; "I just hate gyms, but I do like to exercise and run. Do you mind if I go outside and walk/run?". Therapist receptive. All questions were answered and no problems noted. His participation shows progress toward treatment goals to learn healthy coping and leisure skills (benefits, barriers, community resources), develop interests and hobbies, and maintain/increase positive social interactions with others. Therapist will continue to encourage participation to aid in decreasing PTSD symptoms.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST
Signed: 10/04/2007 10:44

LOCAL TITLE: RECREATION THERAPY SCREEN
STANDARD TITLE: RECREATIONAL THERAPY E & M NOTE
DATE OF NOTE: OCT 03, 2007@16:02 ENTRY DATE: OCT 03, 2007@16:02:31
AUTHOR: ROGERS, MELANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: PHE-RT Screen

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

LASKOWSKI, STANLEY

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Recreation Therapy Screen
Admission Date:09.25.07

PTSD Symptoms according to veteran: "nightmares, isolation, anxiety, intrusive thoughts"

Recent Substance Abuse: No

Medical Dx: None

Activity Orders/Limitations: As tolerated.

Veteran completed self-assessment screening tool indicating a score of (22) on leisure value questions out of a possible (30) score.

NOTED: AVERAGE SCORE FOR PROGRAM IS ESTABLISHED AT A "16".

Veteran related that leisure and living a healthy lifestyle HAS NOT been a priority in the previous 12 months.

He indicated interests he is currently participating:
Golfing

Veteran feels he could use some help with the following:

- (X) Maintain/Increase social interaction and involvement
- () Development of interests and hobbies.
- (X) Coping skills as related to a healthy leisure lifestyle.

I. Summary: Veteran indicated an above average self socre compared to program grouping on leisure functioning and value from screening. Veteran also reports that "always" enjoys and values his free time, "rarely" has enough free time to do the things he wants to do. "often" plans for some of his free time in positive interests, "often" feels good physically, "always" participates in a hobby weekly, "rarely" is involved in some social situations weekly.

Recommendations: Veteran will be offered oppurtunities and open recreation experiences and encouraged to self direct own leisure time. Veteran has been made aware of recreation board on unit for own use in determining leisure choices/oppurtunities and encouraged to participate. Veteran was also given a "recreation resources" guide to further assist orientation to CVAMC's resources. Veteran is to participate in Thurs.Leisure Education Class and gym class per unit sturcture for additional support and is able to attend RT intervtenions of his choice.

/es/ MELANIE M ROGERS, BS, CTRS
RECREATION THERAPIST

Signed: 10/04/2007 09:42

LOCAL TITLE: NURSING NOTE

STANDARD TITLE: NURSING NOTE

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LASKOWSKI, STANLEY

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Progress Notes

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DATE OF NOTE: OCT 02, 2007@14:37 ENTRY DATE: OCT 02, 2007@14:37:26
 AUTHOR: STEENHUSEN, NANCY I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: PPD

Patient refused PPD that was ordered stating he had just had one while in jail and it was negative.

/es/ NANCY I. STEENHUSEN, RN

Signed: 10/02/2007 14:38

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: SEP 30, 2007@03:41:49 ENTRY DATE: SEP 30, 2007@03:41:49
 AUTHOR: ALLEN, JOYCE E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Orientation

Veteran orientated to program rules and procedures as they pertain to the off tours of duty. Opportunity to ask and answer questions of concern done until understood by veteran.

/es/ JOYCE E. ALLEN, HT

HEALTH TECH

Signed: 09/30/2007 03:43

LOCAL TITLE: PSYCHOLOGY
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: SEP 28, 2007@11:35 ENTRY DATE: SEP 28, 2007@11:35:31
 AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Iraq&Afghan Post-Deployment Screen:

The patient reports service in Operation Iraqi Freedom.

The location of the patient's most recent OIF service was Iraq

1. SCREEN FOR PTSD

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

A. Have had any nightmares about it or thought about it when you did not want to? YES (1 PT.)

B. Tried hard not to think about it; went out of your way to avoid situations that remind you of it? YES (1 PT.)

C. Were constantly on guard, watchful, or easily startled?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

YES (1 PT.)

D. Felt numb or detached from others, your activities, or your surroundings? YES (1 PT.)

TOTAL SCORE = 4

The screen for PTSD was positive.

PTSD currently treated by Mental Health clinician

2. SCREEN FOR DEPRESSION

The 2 question depression screen was performed and the patient's depression screen is positive.

3. SCREEN FOR ALCOHOL

The patient reports having consumed alcohol in the past 12 months. An alcohol screening test (AUDIT-C) was positive (score=5).

1. How often did you have a drink containing alcohol in the past year? Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 5 or 6

3. How often did you have six or more drinks on one occasion in the past year? Less than monthly

4A. SCREEN FOR GI SYMPTOMS

The patient reports no GI symptoms.

4B. SCREEN FOR FEVER

The patient reports no unexplained fevers.

4C. SCREEN FOR SKIN RASH/LESIONS

The patient reports no persistent skin rash.

4D. SCREEN FOR OTHER SYMPTOMS

The patient reports having other physical symptoms that have lasted 3 months or longer and have interfered with ADLs.

Symptoms: headaches

Alcohol Screen Audit C (+) <8:

Alcohol counseling given at this visit.

Level of Understanding: Good

Provider Depression Screening:

1. In the past week, have you felt as if you could not shake off the blues even with help?

Patient Response: Rarely or Never. (Score = 0)

2. In the past week, have you felt depressed?

Patient Response: Some or Little. (Score = 1)

3. In the past week, have you felt fearful?

Patient Response: Almost Always. (Score = 3)

4. In the past week has your sleep been restless?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Patient Response: Almost Always. (Score = 3)

5. In the past week, have you felt hopeless about the future? Patient

Patient Response: Some or Little. (Score = 1)

Mood disorder screen is positive.

Depression screen positive. Depression managed by mental health clinic/psychiatrist.

PROVIDER: Obrien; Whitney

PTSD Screen:

1. SCREEN FOR PTSD

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

A. Have had any nightmares about it or thought about it when you did not want to? YES (1 PT.)

B. Tried hard not to think about it; went out of your way to avoid situations that remind you of it? YES (1 PT.)

C. Were constantly on guard, watchful, or easily startled? YES (1 PT.)

D. Felt numb or detached from others, your activities, or your surroundings? YES (1 PT.)

TOTAL SCORE = 4

The screen for PTSD was positive.

PTSD currently treated by Mental Health clinician

/es/ ROBERT L WHITNEY, PHD
Staff Psychologist
Signed: 09/28/2007 11:41

LOCAL TITLE: BEHAVIORAL ASSESSMENT

STANDARD TITLE: MENTAL HEALTH DOMICILIARY E & M NOTE

DATE OF NOTE: SEP 28, 2007@11:33 ENTRY DATE: SEP 28, 2007@11:33:36

AUTHOR: WHITNEY, ROBERT L EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Presenting Problems and Maladaptive Behaviors

The veteran complained of intrusive recollections of traumatic experiences, nightmares, distress when discussing trauma, discomfort in social situations, emotional & social estrangement from family, efforts to avoid thoughts or feelings associated with the trauma, irritability, verbal outbursts of anger, difficulty staying asleep

Abuse, Neglect, and Exploitation History

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

Were you ever physically or sexually abused, neglected, or exploited as a child or adult? n

"The next question involves information that could be released to child protective services, office of aging or other authorities, even without your consent. You have the option to decline answering."

Have you physically or sexually abused a child, adult or elderly person? n

History of Mental Illness/Emotional and Behavioral Problems

Wilkes-Barre VAMC Mental Health outpatient since 4/07. Medication only. Referred here by Scranton Vet Center while vet was incarcerated

History of Substance Abuse and Addictive Behaviors

Substances: Vicodin

Age of onset: This year

Pattern of use: reports intermittent

Treatment history & response: none

Length of abstinence & relapse triggers: n/a

Negative Consequences of Dependence: arrested for burglary

Current use of alcohol and other drugs by family members: wife does not drink or use drugs

Relationship of Behavioral Problems to Addictive Behavior

Trying to medicate stress/anxiety symptoms

Suicide/ Homicide Screen

In the past few weeks have you had thoughts about or made plans to kill or hurt someone? If yes, explain: thoughts about other inmates while in threatening jail environment

Have you ever made a suicide attempt before? If yes, explain: n

Is there a family history of suicide? If yes, explain: n

Do you tend to be impulsive? If yes, explain: sometimes

In the past two weeks have you had thoughts about death or about killing yourself? n

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

Are there means available (knife, gun, bottle of pills etc)? If yes, explain: n

Have you actually rehearsed or practiced how you would like to kill yourself? If yes, explain: n

How strong is your intent to do this? If yes, explain: no intention at all

Can you resist the impulse to do this? If yes, explain: n/a

Mental Status Exam, Current Emotional and Behavioral Functioning

General Appearance & Current Behavior: Clean, casually dressed, appropriate

Cooperation: good

Orientation & Sensorium: Oriented x3, clear & alert

Speech: Coherent, relevant, goal-directed

Mood and Affect: Mildly depressed with restricted affect

Thought Processes and Content: Denies A/V hallucinations. No evidence of delusions. Denies S/H ideation or plans.

Cognitive Function: Concentration fair; long-term and short-term memory intact; abstraction ability good

Insight & Judgment: Insight fair; judgment good

Other Significant Information

I/3/5 Marines in Iraq 3/2003 to 7/03 as an infantry squad leader. Combat. Discharged from USMC in 2/07 after eight years. Increasing stress problems and then started to use Vicodin as self-medication. Beginning of August broke into a pharmacy at night to steal pain-killers. Wife supportive of his hospitalization.

DIAGNOSTIC IMPRESSION

Axis I Posttraumatic Stress Disorder, Chronic
Opiod Dependence, Vicodin, in early full remission
Nicotine Dependence, continuous

Axis II N/A

Axis IV Severe

Axis V (Admission GAF) > 45

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

EDUCATIONAL AND VOCATIONAL SCREEN

Significant Education History: 14

Any learning disabilities?: no

Are you interested in furthering your education?

☐ No☐ Yes, Referred for educational assessment☒ Maybe, educational assessment deferred until current medical/behavioral needs are stabilized.

Do you expect to be employed/seek employment after treatment?: y

Are you interested in receiving assistance with employment skills?

☐ No☐ Yes, Referred for vocational assessment☒ Maybe, vocational assessment deferred until current medical/behavioral needs stabilized.

Preliminary Treatment Plan

Individual psychotherapy weekly

Group Therapy 3x week

Psychoeducational Groups daily

Milieu therapy daily

Substance Abuse Groups weekly

NA weekly

Transition group last two weeks in the program

/es/ ROBERT L WHITNEY, PHD

Staff Psychologist

Signed: 09/28/2007 11:35

LOCAL TITLE: NURSING NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: SEP 27, 2007@15:07

ENTRY DATE: SEP 27, 2007@15:07:16

AUTHOR: STEENHUSEN, NANCY I

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

(O): Mr Laskowski has satisfactorily completed the orientation process to the Residential Program.

He has demonstrated that he is comfortable in a dormitory environment, he has met with his therapist and is fully aware of his therapy schedule. He has not reported any nightmares at this point in his hospital stay.

He has not presented with any management problems and his anxiety has visibly decreased as he becomes acclimated to the ward.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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(A): Ineffective individual coping related to PTSD as demonstrated by nightmares, anxiety and anger.

(P) Continue to monitor for changes, offer support and guidance, assist with the development of the treatment plan, monitor for compliance with the self-medication program.

/es/ NANCY I. STEENHUSEN, RN

Signed: 09/27/2007 15:16

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: SEP 27, 2007@07:12:12 ENTRY DATE: SEP 27, 2007@07:12:12
 AUTHOR: ALLEN,JOYCE E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: 12-8 Shift Daily

Veteran slept 7 face checks during the night, awoke in bed at 0700, did not attend breakfast.

/es/ JOYCE E. ALLEN,HT
 HEALTH TECH

Signed: 09/27/2007 07:13

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: SEP 26, 2007@21:40 ENTRY DATE: SEP 26, 2007@21:40:45
 AUTHOR: HARRIS,BETTY LOU EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Daily Note

Vet. had a pleasant evening no problems or complaints noted. Enjoyed pizza party on unit with other vets.

/es/ BETTY L. HARRIS NA.

Signed: 09/26/2007 21:41

LOCAL TITLE: NURSING NOTE
 STANDARD TITLE: NURSING NOTE
 DATE OF NOTE: SEP 26, 2007@15:34 ENTRY DATE: SEP 26, 2007@15:34:16
 AUTHOR: STEENHUSEN,NANCY I EXP COSIGNER:

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URGENCY:

STATUS: COMPLETED

Mr Laskowski attended psychology education on "Assertiveness" and group therapy this morning. He is friendly, social with the other vets and learning his way around the program without difficulty.

/es/ NANCY I. STEENHUSEN, RN

Signed: 09/26/2007 15:37

LOCAL TITLE: NUTRITIONAL ASSESSMENT
 STANDARD TITLE: NUTRITION DIETETICS E & M NOTE
 DATE OF NOTE: SEP 26, 2007@09:59 ENTRY DATE: SEP 26, 2007@09:59:42
 AUTHOR: SARMENTO, LAURA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

NAME: LASKOWSKI, STANLEY P III SEX: MALE AGE: 29

DIET INFORMATION:

- Date of assessment: SEP 26, 2007@09:59
- Diet: REGULAR-D
- Cultural, Ethnic or Religious food preferences: none
- Standing orders: none
- Additional diet orders: none
- Chewing / swallowing problems: none
- Food allergies / intolerances: none
- Significant food / drug / herbal interactions: none
- Appetite: good, 100%
- Hydration: electrolytes are wnl
- Active Problems: Posttraumatic Stress Disorder

HEIGHT / WEIGHT INFORMATION:

- Height: 5' 7" (170 cm)
- Weight: 197 lbs (89.5 kg)
- Weight taken: SEP 26, 2007
- Usual weight: 197
- Ideal weight: 148 lbs (67.3 kg)
- Frame size: Medium
- Body mass index: 30.9 (90%)
- Weight/usual wt: 100%
- Weight/IBW: 133%

OBJECTIVE:

LABS:

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Progress Notes

Printed On May 06, 2010

- Albumin: 4.1 g/dL (09/26/2007 07:00)
 - BUN: 8 mg/dL (09/26/2007 07:00)
 - Creatinine: 1.0 mg/dL (09/26/2007 07:00)
 - Potassium: 4.1 mmol/L (09/26/2007 07:00)
 - Sodium: 140 mmol/L (09/26/2007 07:00)
 - Glucose: 97 mg/dL (09/26/2007 07:00)
 - HCT: 42.6 % (09/26/2007 07:00)
 - HGB: 15.4 g/dL (09/26/2007 07:00)

REQUIREMENTS:

- Energy requirements: 2244 KCal/day
 - Protein requirements: 58 gm/day
 - Fluid requirements: 2549 ml/day
 - Nutritional status: Normal

ASSESSMENT:

Normal nutritional/hydration status.

PLAN OF CARE:

- Provide diet as prescribed
 - Monitor nutritional parameters and intervene prn
 - Level of care: Normal

- PROBLEM: c/o gi distress pta
 Status: no c/o at this time
 Goal: will tolerate diet w/o difficulty
 Intervention: diet as ordered

/es/ LAURA SARMENTO, R.D.
 CLINICAL DIETITIAN
 Signed: 09/26/2007 10:04

LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: SEP 26, 2007@06:45 ENTRY DATE: SEP 26, 2007@06:45:11
 AUTHOR: HAMILTON, FRANKLIN W EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran had a quiet night. He appeared to have slept 8 hours during the night. Offered no complaints this tour. Routine ua obtained and vet went to lab appt this a.m.

/es/ FRANKLIN W. HAMILTON JR., NA

Signed: 09/26/2007.06:46

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LOCAL TITLE: HEALTH TECHNICIAN
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: SEP 25, 2007@21:36 ENTRY DATE: SEP 25, 2007@21:36:56
 AUTHOR: HARRIS,BETTY LOU EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Daily Note

Vet. had a quiet evening no problems or complaints noted. Left unit to go to MDR for dinner. Vet. was given urine cup for lab in am. Interaction noted with other vets and staff.

/es/ BETTY L. HARRIS NA.

Signed: 09/25/2007 21:38

LOCAL TITLE: PAIN EVALUATION NOTE
 STANDARD TITLE: PAIN MEDICINE E & M NOTE
 DATE OF NOTE: SEP 25, 2007@11:01 ENTRY DATE: SEP 25, 2007@11:01:36
 AUTHOR: STEENHUSEN,NANCY I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Pain Survey:

PAIN SCORE: 4 (09/25/2007 10:57)

PAIN EVALUATION:

QUALITY:

Shooting, aching

IMPACT:

General activity, walking ability

SITES(s):

Hips

SEVERITY:

TEMPORAL CHANGES:

Type of pain

Chronic pain

Duration

Years

6

Perceived cause for pain

Other:

BURSITIS.

Changes over time

Pain has increased

AGGRAVATING FACTORS:

Walking

EXPECTATIONS: Improve

Pain level to --

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MAINTAIN AT 4
 PAIN MANAGEMENT EDUCATION:
 Pain Scale
 PLAN:
 Pain goal is not achieved. Continue to monitor.

/es/ NANCY I. STEENHUSEN, RN

Signed: 09/25/2007 11:10

LOCAL TITLE: NURSING NOTE
 STANDARD TITLE: NURSING NOTE
 DATE OF NOTE: SEP 25, 2007@10:53 ENTRY DATE: SEP 25, 2007@10:53:31
 AUTHOR: STEENHUSEN,NANCY I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Annual Alcohol Screening - Audit C:

AUDIT C, CLICK ON BOX TO GENERATE SCREEN (MUST BE COMPLETED!)
 An alcohol screening test (AUDIT-C) was positive (score=4).

1. How often did you have a drink containing alcohol in the past year? Two to four times a month
2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 3 or 4
3. How often did you have six or more drinks on one occasion in the past year? Less than monthly

Provider informed of Positive Audit C Score.

Depression Screening:

1. TWO QUESTION SCREEN (complete all fields):

Over the past two weeks, the patient has been bothered by:

1. Little interest or pleasure in doing things
nearly every day (score = 3).
2. Down, depressed and hopeless feelings
nearly every day (score = 3).

TOTAL SCORE: 6 (0-3 is NEG, 4-6 is POS)

RESULT:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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2. SCREEN FOR DEPRESSION

The 2 question depression screen was performed and the patient's depression screen is positive.

/es/ NANCY I. STEENHUSEN, RN

Signed: 09/25/2007 10:55

LOCAL TITLE: SELF-MEDICATION CONTRACT

STANDARD TITLE: NURSING CONTRACT

DATE OF NOTE: SEP 25, 2007@10:37

ENTRY DATE: SEP 25, 2007@10:37:16

AUTHOR: TOUB, GAIL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Vet has demonstrated the skill and intellect to manage his medications.

Self-medication policies and procedures were discussed with the patient and he was given a handout describing them. Vet signed and understands the following contract:

-I agree to assume full responsibility for the management and administration of my medications while participating in the PTSD Program.

-I agree that I will not ingest any medication that is not prescribed for me by the physician / physician assistant assigned to me.

-I agree to take all medications prescribed to me in the prescribed dosage and at the prescribed times as ordered by the physician / physician assistant, and as instructed by nursing staff of the PTSD Program.

-Any / all prescriptions issued to me by physicians, physician assistants, hospitals, clinics or other health care programs will be reviewed and approved by the medication nurse or physician assistant prior to processing by the pharmacy.

-I will present my medications to the medication nurse to be audited on a weekly basis, on the day that is assigned to me. I may also be subject to medication audits on a random basis.

-I agree to assume responsibility for securing my medications in a secure and locked area at all times.

-Failure to comply with any aspect of this contract will result in disciplinary action by the treatment team and may result in my discharge from the PTSD Program.

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Vet was able to verbalize an understanding of usage, dosage, food and drug interactions and possible side effects of his medications, and was given drug information cards to reinforce this teaching. He is aware he is responsible for going to the pharmacy for refills when he runs low on his medications. The veteran was informed of the pharmacy's hours.

Current medications are:

Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|--|--------|
| ===== | ===== |
| 1) INFLUENZA VIRUS VACCINE INJ INJECT 0.5ML INTRAMUSCULAR ONCE | ACTIVE |
| 2) MIRTAZAPINE 15MG TAB (REMERON) TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA | ACTIVE |
| 3) MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY | ACTIVE |
| 4) OMEPRAZOLE 20MG CAP, EC (PRILOSEC) TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING | ACTIVE |
| 5) PNEUMOCOCCAL VACCINE INJ INJECT 0.5ML INTRAMUSCULAR ONCE | ACTIVE |
| 6) QUETIAPINE FUMARATE 50MG TAB (SEROQUEL) TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE SUPPRESSION | ACTIVE |
| 7) TRAMADOL 50MG TAB (ULTRAM) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN | ACTIVE |
| 8) TUBERCULIN, PPD 5 TU/0.1ML (1ML) INJECT 0.1ML INTRADERMALLY ONCE READ IN 2-3 DAYS | ACTIVE |
| 9) VENLAFAXINE XR 37.5MG CAP (EFFEXOR XR) TAKE ONE CAPSULE BY MOUTH ONCE DAILY WITH FOOD FOR DEPRESSION/ANXIETY | ACTIVE |

Self-med level 4.

Patient teaching aids given:

How to Take Your Medications Correctly
Side Effects Check Sheet

Will continue to monitor and educate patient throughout treatment.

/es/ GAIL TOUB LPN
DOMICILLARY

Signed: 09/25/2007 10:38

LOCAL TITLE: NURSING ADMISSION ASSESSMENT

STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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DATE OF NOTE: SEP 25, 2007@10:31 ENTRY DATE: SEP 25, 2007@10:31:30
 AUTHOR: STEENHUSEN, NANCY I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

ADMISSION TO PTSD:

1. GENERAL INFORMATION:

- VETERAN'S UNDERSTANDING OF REASON FOR ADMISSION:
TREATMENT OF PTSD SYMPTOMS
- MODE OF TRANSPORTATION TO MEDICAL CENTER: COUSIN DROVE
- AGE: 29
- RACE: RACE UNKNOWN
- SEX: MALE

2. MILITARY HISTORY:

-

| Service Branch | Service # | Entered | Seperated | Discharge |
|----------------|-----------|--------------|--------------|-----------|
| MARINE CORPS | 198667220 | FEB 23, 1999 | FEB 05, 2007 | HONORABLE |

- SERVICE CONNECTED 50% to 100%
- Veteran WAS NOT wounded in action.
- Veteran DOES have a claim pending at this time.

3. VITAL SIGNS:

- Temperature: 98.9
- Pulse: 72
- Respiration: 18
- B/P: 130/87
- Pain: 4
- Height: 67.3 IN
- Weight: 197 LB.
- Usual body weight: 190 pounds

4. ALLERGIC REACTIONS:

- Food / drugs / pollen: Patient has answered NKA
NA
- Reactions:

5. MEDICAL:

- Major illness / surgery in past year:

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BURSITTIS, TINNITIS

MEDICATIONS PRIOR TO ADMISSION:

- Other meds: BUSPAR, CLONOPIN

Veteran IS able to self-medicate.

Veteran did NOT travel outside the U.S. in the past year.

6. COMMUNICABLE DISEASES:

- NO - Positive HIV
- NO - Positive PPD
- NO - Positive Hepatitis

7. FUNCTIONAL SCREEN:

ABILITIES THAT REQUIRE ASSESSMENT BY PM&R:

- None

NO - PM&R notified.

8. PROSTHESIS:

- None

NO - Fall risk

9. NUTRITION SCREEN:

CURRENT DIET:

- Regular

NUTRITIONAL RISKS THAT REQUIRE ASSESSMENT BY DIETITIAN:

- GI distress for more than 7 days

10. GENERAL BEHAVIOR (observed):

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LASKOWSKI, STANLEY

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Printed On May 06, 2010

- Cooperative

11. MOOD / THOUGHT CONTENT:

Appropriate

- Organized and coherent, - Auditory hallucinations, - Intrusive thoughts

12. SUICIDE-VIOLENCE:

** In the past few weeks have you had thoughts about or made plans to kill or hurt someone?

Yes, explain:

WHILE IN PRISON

** Have you ever made a suicide attempt before?

No

** Is there a family history of suicide?

No

** Do you tend to be impulsive?

Yes, explain:

ANGER AND ANXIETY

** In the past two weeks have you had thoughts about death or about killing yourself?

Yes.

A. Are there means available (knife, gun, bottle of pills etc)?

No

POLICE TOOK WEAPONS

B. Have you actually rehearsed or practiced how you would like to kill yourself?

No

C. How strong is your intent to do this?

N/A

NOT

D. Can you resist the impulse to do this?

N/A

NOT

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

13. SLEEP PATTERN:

- Average hours of uninterrupted sleep per night: 4
- Sleep IS NOT affected by drugs / alcohol.
- Veteran DOES NOT nap during the day.
- Does veteran have nightmares?

YES:

- Nightmares ARE war related.
- Frequency: 4/WK

14. SEXUAL HISTORY:

Frequently there is a relationship between sex and drugs or alcohol use. I have some questions to ask you about sexual history and sexual orientation.

- Are you comfortable with your sexual orientation? YES
- Is your sexual orientation straight, gay or bisexual?
STRAIGHT
- Are you sexually active?

YES:

Are you now or have you ever experienced difficulty functioning sexually? NO

Are you practicing safe sex? YES

15. SUBSTANCE ABUSE HISTORY:

Veteran had a NEGATIVE breathalyzer.

Drug screen urine WAS obtained.

- Do you ABUSE alcohol, drugs or tobacco?
YES:

ALCOHOL:

- Last used: Aug 4, 2007
- Drinking pattern:
ONCE Q FEW WEEKS
- How long have you been drinking?
TEEN
- Medical problems associated with drinking:
NO
- Drinking HAS NOT become a problem.
- Veteran HAS HAD have blackouts.

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LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

- Veteran HAS NOT HAD seizures.

DRUGS:

- Last use, type, how much:
POT-LU 98, COCAINE-98, LSD-98
- How long using this substance:
NONE SINCE 98
- Substance use pattern:
OCC
- Shared needles? - NO
- Medical problems associated with drug use:
NONE

TOBACCO:

- Started smoking at age 17.
- Amount of tobacco used: 1 PK/DAY
- Medical problems associated with smoking:
NONE

16. SOCIO-CULTURAL:

- MARITAL STATUS - MARRIED
- SIGNIFICANT OTHER:
Veteran HAS a significant other.
 - They KNOW where I am.
 - They KNOW what type of treatment I came to receive.
 - They WILL NOT will be involved in my treatment.
- SUPPORTIVE
- Describe living arrangements prior to admission:
OWN PLACE
- Describe living arrangements after discharge:
RETURN
- Describe any legal problems / charges pending?
OCT 10-TO BE RECHEDULED
- Veteran IS NOT employed.

17. READINESS TO LEARN:

- Highest grade completed: 12+
- Veteran DOES read English.
- Veteran DOES write English.
- Learning preference: none

18. SPIRITUAL SCREEN:

- Religious demonination / affiliation: OTHER

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LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

- Spiritual practices ARE NOT important to veteran.
- Who or what provides you with strength and hope in your life?
CHILDREN AND WIFE
- Veteran IS NOT satisfied with the spiritual strength and hope in his life.
- Veteran DOES NOT have any beliefs that may interfere with participation in 12 Step groups where the term "Higher Power" is used.
- Veteran HAS NOT had any recent deaths/losses.
- Veteran DOES NOT want to meet with a chaplain to discuss a spiritual or religious issue.
- Veteran IS NOT referred for full Spiritual Assessment.

19. ADVANCE DIRECTIVE:

- Veteran HAS an advance directive; and DOES NOT HAVE a copy with him.

20. RISKS:

- Suicide - Low
- Homicide - Low
- Assault - Low
- Choke - Low

21. NURSING DIAGNOSIS / PRIORITY NEEDS:

- Ineffective individual coping related to PTSD demonstrated by ANGER, NIGHTMARES AND ANXIETY..

22. INITIAL PLAN OF TREATMENT:

THE OBJECTIVES FOR THE NURSE WILL BE TO:

- Orient the veteran to the Residential Treatment Program
- Offer support and guidance
- Monitor health problems in conjunction with the physician assistant
- Monitor sleep pattern and encourage the use of the "sleep tips"
- Monitor for increased stress and educate the patient in relaxation techniques
- Monitor for compliance with the self-medication program and provide education

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

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Progress Notes

Printed On May 06, 2010

- Identify and encourage anxiety reducing activities
 - Assist to identify triggers for impulsive behavior and offer alternatives and encourage use of assertiveness
- THE GOALS FOR THE PATIENT WILL BE TO:
- Sign the therapeutic and medication contracts
 - Attend all mandatory therapy and education groups and programs
 - Successfully complete the orientation phase of the program
 - Maintain compliance with the self-medication program while in the treatment program and do so by demonstrating satisfactory medication audits weekly
 - Initiate the process of the development of a satisfactory discharge plan and do so by completing the transition group packet.

/es/ NANCY I. STEENHUSEN, RN

Signed: 09/25/2007 11:25

LOCAL TITLE: HISTORY & PHYSICAL - ADMISSION
 STANDARD TITLE: PRIMARY CARE H & P NOTE
 DATE OF NOTE: SEP 25, 2007@09:26 ENTRY DATE: SEP 25, 2007@09:26:53
 AUTHOR: SANDS, PETER A EXP COSIGNER: QURESHI, TANVEER
 URGENCY: STATUS: COMPLETED

*** HISTORY OF PRESENT ILLNESS - PT. 1 ***

Select Admission Type:

Direct Admission ☒ From: Scranton

Chief Complaint: for help

History Of Present Illness: This is the first 8B admission for this 29 y/o caucasian male with h/o PTSD here without acute medical complaints.

Describes PTSD symptoms of "anger, isolation, anxiety, depression, insomnia, nightmares, and intrusive thoughts and recollections"

Current Medications and Source (OTC/herbal):

Was taking Vistaril and Trazodone in prison, he states neither work.

*** PAST MEDICAL HISTORY - PT. 2 ***

Occupation: unemployed

Military History: Marine Corp 1999-2007

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Habits: smokes a pack a day, no interest in quitting. Social alcohol use, no current drug use.

Family History:

Mother: deceased- alcoholism

Father: alive with Heart problems

Childhood Illnesses: Usual

Adult Immunizations: UTD other than flu and pneumococcal ordered at this encounter

Adult Illnesses: see cover sheet

Operations: None

Injuries: Broken right forearm in 2002

Allergies: NKDA, no shellfish allergies

*** REVIEW OF SYSTEMS - PT. 3 ***

General: no complaints

Head: denies headaches or dizziness

Eye: denies eye pain or decreased vision

Ear: denies hearing loss or tinnitus

Nose: denies epistaxis or rhinorhea

Throat: denies throat pain or soreness

Neck: denies neck pain or stiffness

Respiratory: denies shortness of breath

Cardiovascular: denies chest pain

Gastrointestinal: denies dyspepsia or change in bowel habits

Genito-Urinary: denies dysuria or change in stream

Gynecological: N/A

Hemopoietic: denies any blood dyscrasias

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LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Lymphatic: denies adenopathy

Musculo-Skeletal: denies muscle pain or weakness

Neuropsychiatric System: denies neurological deficits

*** PHYSICAL EXAMINATION ***

Height:

Weight:

Temperature: see vitals of this date

Pulse:

BP:

Respirations:

GENERAL APPEARANCE AND MENTAL STATUS: Adult caucasion male alert and Ox3 in NAD, speech intact.

HEAD: Normocephalic, atraumatic

NECK: Supple, trachea midline, thyroid not enlarged, no bruit

EYES: PERRL, EOMI, non-icteric. Fundi: No hemorrhages, no exudates, no papilloedema

EARS: External meatus normal, TMs intact, acuity good

NOSE: Normal mucosa, no septal deviation

MOUTH: Tongue moist

THROAT: Not congested, gag reflex intact

CHEST (general)/BREAST: Chest symmetrical;

LUNGS: Clear

CARDIOVASCULAR: HRR regular, no murmurs, no gallops

ABDOMEN: Soft, NT/ND, +bowel sounds; spleen and liver not enlarged. No palpable masses.

BACK: No costal vertebral angle tenderness, normal configuration

EXTREMITIES: Equal pulses, no edema or varicosities

NEUROLOGICAL: Alert and oriented x4, no focal neurological signs, no gross motor or sensory deficits. DTRs=+2

SKIN: No rashes

LYMPHATICS: No adenopathy.

COMMENTS:

Tobacco Use Screen:

Patient uses tobacco

How much are you currently using?

Cigarettes: 20 cigarettes per day

Are you interested in quitting now?

NO -- Risk Counseling given

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

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Progress Notes

Printed On May 06, 2010

Pneumococcal Vaccine:

Patient received pneumococcal vaccine AT THIS ENCOUNTER

Prostate Cancer Screening Education:

Patient received education on the risks and benefits of Prostate

Cancer Screening at this encounter

Order for PSA placed

TBI Screening:

The patient reports service in Operation Iraqi Freedom or Operation
Enduring Freedom.

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF
deployment?

No

Section 1: The veteran experienced the following events during OIF/OEF
deployment:

Vehicular accident/crash (any vehicle, including aircraft)

Section 2: The veteran had the following symptoms immediately
afterwards:

Veteran denies any symptoms immediately afterwards. Negative Screen

INITIAL IMPRESSION:

1. PTSD= 8B admission/protocol

TREATMENT PLAN:

Diet: See Order

Activity Limitations - as tolerated

Comments: None

Discharge potential: Good

Medications: See Orders

Comments: None

Diagnostic tests: See Orders

Comments: None

Other Treatment Plans: none at present

/es/ PETER A SANDS PA-C
PHYSICIAN ASSISTANT-PATIENT CARE
Signed: 09/25/2007 09:43

/es/ TANVEER QURESHI, M.D.
HOUSE PHYSICIAN
Cosiigned: 09/25/2007 09:47

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

LOCAL TITLE: HEALTHCARE CHOICES
STANDARD TITLE: COMMUNICATION NOTE
DATE OF NOTE: SEP 25, 2007@09:16 ENTRY DATE: SEP 25, 2007@09:16:49
AUTHOR: GASKA,CAROL A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** HEALTHCARE CHOICES Has ADDENDA ***

Patient able to communicate health care choices upon admission. -

YES

1. Informed of right to accept or refuse treatment. - YES
2. Informed of right to make a living will. - YES
3. Informed of right to create a durable power of attorney for health care. - YES
4. Patient has a living will or advance directive. - YES
5. Patient is an organ donor. - YES
6. Patient signed authorization to release medical information to Gift of Life - NO
7. Patient received a patient handbook which contains the Patient's Bill of Rights. - YES
8. EMERGENCY CONTACT:

Who do you want contacted in an emergency?
(This could be different from your next of kin.)

NAME:MARISOL LASKOWSKI
RELATIONSHIP:Spouse
ADDRESS: [REDACTED]
PHONE NUMBER(S): [REDACTED]

Patient Signature: _____

/es/ CAROL A GASKA
MEDICAL CLERK
Signed: 09/25/2007 09:20

11/02/2007 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

Progress Notes

Printed On May 06, 2010

See Patient Signature Note.

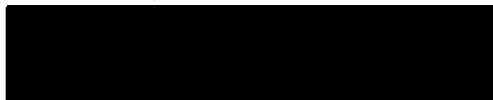
/es/ VERA L. PONGONIS

File Clerk

Signed: 11/02/2007 12:07

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

LASKOWSKI, STANLEY



VISTA Electronic Medical Documentation

Printed at COATESVILLE VAMC

LASKOWSKI, STANLEY P III [REDACTED] COA1Addendum to HEALTHCARE CHOICES/EMERGENCY CONTACT NOTE 11/02/2007 --- page 1 of 1 ---

MEDICAL RECORDProgress Notes

NOTE DATED: 09/25/2007 09:16

LOCAL TITLE: HEALTHCARE CHOICES/EMERGENCY CONTACT

STANDARD TITLE: COMMUNICATION NOTE

ADMITTED: 09/25/2007 09:05 8B-DOM

Patient able to communicate health care choices upon admission. -

YES

1. Informed of right to accept or refuse treatment. - YES
2. Informed of right to make a living will. - YES
3. Informed of right to create a durable power of attorney for health care. - YES
4. Patient has a living will or advance directive. - YES
5. Patient is an organ donor. - YES
6. Patient signed authorization to release medical information to Gift of Life - NO
7. Patient received a patient handbook which contains the Patient's Bill of Rights. - YES
8. EMERGENCY CONTACT:

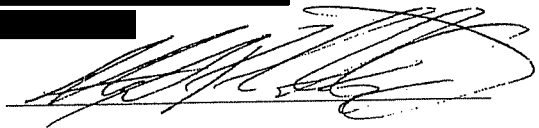
Who do you want contacted in an emergency?
(This could be different from your next of kin.)

NAME: MARISOL LASKOWSKI

RELATIONSHIP: Spouse

ADDRESS: [REDACTED]

PHONE NUMBER(S): [REDACTED]

Patient Signature: 

Signed by: /es/ CAROL A GASKA
MEDICAL CLERK
09/25/2007 09:20

LASKOWSKI, STANLEY P III
[REDACTED]COATESVILLE VAMC
Pt Loc: 8B-DOMPrinted: 09/25/2007 09:20
Vice SF 509

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

12/03/2007 11:32 VARDENAFIL (LEVITRA) TAB 20MG
 TAKE ONE TABLET BY MOUTH ONCE DAILY AS NEEDED FOR ERECTILE
 DYSFUNCTION **DO NOT TAKE MORE THAN ONE DOSE IN A 24 HOUR
 PERIOD** use one half pill as needed for erectile dysfunction
 Quantity: 4 Refills: 0

ELECTRONICALLY ENTERED Routing: MAIL

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 12/03/2007 11:32

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

Printed: 12/03/2007 11:32

00108

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

| DATE & TIME | ORDERS | SIGNATURES |
|------------------|---|---|
| 12/03/2007 08:08 | Change OMEPRAZOLE CAP, EC 20MG TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING Quantity: 14 Refills: 6 to OMEPRAZOLE CAP, EC 20MG TAKE 1 CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30 MINUTES BEFORE EATING discharge meds Quantity: 30 Refills: 1 ELECTRONICALLY ENTERED Routing: WINDOW | PAS Start: Req: SANDS, PETER A Stop: /es/PETER A SANDS PA-C Signed: 12/03/2007 08:10 |
| 12/03/2007 08:08 | Change MULTIVITAMINS WITH MINERALS TAB MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY Quantity: 14 Refills: 6 to MULTIVITAMINS WITH MINERALS TAB MULTIPLE VITAMIN WITH MINERALS TAB TAKE ONE TABLET BY MOUTH ONCE DAILY discharge meds Quantity: 30 Refills: 1 ELECTRONICALLY ENTERED Routing: WINDOW | PAS Start: Req: SANDS, PETER A Stop: /es/PETER A SANDS PA-C Signed: 12/03/2007 08:10 |
| 12/03/2007 08:09 | Change ZOLPIDEM (AMBIEN) TAB 10MG TAKE 1/2 TO 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA Quantity: 20 Refills: 1 to ZOLPIDEM (AMBIEN) TAB 10MG TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA use one half to one tablet as needed for insomnia Quantity: 20 Refills: 1 ELECTRONICALLY ENTERED Routing: WINDOW | PAS Start: Req: SANDS, PETER A Stop: /es/PETER A SANDS PA-C Signed: 12/03/2007 08:10 |

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

12/03/2007 08:08 Change VENLAFAXINE (EFFEXOR) TAB 37.5MG
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR DEPRESSION
AND ANXIETY
Quantity: 28 Refills: 6
to VENLAFAXINE (EFFEXOR) TAB 37.5MG
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD discharge meds
Quantity: 60 Refills: 1

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 12/03/2007 08:10

12/03/2007 08:08 Change TRAMADOL (ULTRAM) TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR
PAIN USE AS NEEDED FOR ACHES/PAINS
Quantity: 84 Refills: 6
to TRAMADOL (ULTRAM) TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR
PAIN discharge meds
Quantity: 180 Refills: 1

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 12/03/2007 08:10

12/03/2007 08:08 Change LORATADINE (CLARITIN) TAB, ORAL 10MG
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS
Quantity: 14 Refills: 6
to LORATADINE (CLARITIN) TAB, ORAL 10MG
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS
discharge meds
Quantity: 30 Refills: 1

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 12/03/2007 08:10

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 12/03/2007 08:10

00110

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

12/03/2007 08:07 >> Discharge REGULAR Instructions: Discharge of patient from
8B

ELECTRONICALLY ENTERED

PAS

Start: 12/04/2007 08:07

Req: SANDS, PETER A

Stop: 12/06/2007

/es/CHRISTINE MORRIS O'BRIEN,

Signed: 12/03/2007 08:53

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 12/03/2007 08:53

00111

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

O R D E R S

| SIGNATURES

11/30/2007 12:42 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 11/30/2007 12:42

Req: SANDS, PETER A

Stop: 12/02/2007

/es/PETER A SANDS PA-C

Signed: 11/30/2007 12:42

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/30/2007 12:42

00112

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/30/2007 09:58 LEVITRA CONSULT Cons Consultant's Choice
ELECTRONICALLY ENTERED

PAS

Start: 11/30/2007 09:58

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 11/30/2007 09:58

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/30/2007 09:58

00113

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/29/2007 13:45 Discontinue QUETIAPINE FUMARATE (SEROQUEL) TAB 100MG
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE
 SUPPRESSION

Quantity: 7 Refills: 6

<Requesting Physician Cancelled>

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 10/02/2007

Req: SANDS, PETER A

Stop: 11/29/2007 13:45

/es/PETER A SANDS PA-C

Signed: 11/29/2007 13:45

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

Printed: 11/29/2007 13:45

00114

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

11/28/2007 13:02 TESTOSTERONE, TOTAL SERUM LC LB #190368

ELECTRONICALLY ENTERED

PAS

Start: 11/29/2007 07:00

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 11/28/2007 13:02

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/28/2007 13:02

00115

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME | ORDERS | SIGNATURES

11/28/2007 12:58 Discontinue NAPROXEN TAB 500MG
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH
FOOD
Quantity: 28 Refills: 6
<Requesting Physician Cancelled>

ELECTRONICALLY ENTERED Routing: WINDOW

PAS Start: 10/17/2007 Req: SANDS, PETER A
Stop: 11/28/2007 12:59 /es/PETER A SANDS PA-C
Signed: 11/28/2007 12:59

11/28/2007 12:58 Change TRAMADOL (ULTRAM) TAB 50MG
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN
Quantity: 42 Refills: 6
to TRAMADOL (ULTRAM) TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR
PAIN use as needed for aches/pains
Quantity: 84 Refills: 6

ELECTRONICALLY ENTERED Routing: WINDOW

PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 11/28/2007 12:59

11/28/2007 12:59 Change VENLAFAXINE XR CAP, SA 37.5MG
TAKE THREE CAPSULES BY MOUTH ONCE DAILY WITH FOOD FOR
DEPRESSION/ANXIETY
Quantity: 42 Refills: 6
to VENLAFAXINE XR CAP, SA 75MG
TAKE 1 CAPSULE BY MOUTH ONCE DAILY WITH FOOD for
depression/anxiety
Quantity: 14 Refills: 6

ELECTRONICALLY ENTERED Routing: WINDOW

PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 11/28/2007 12:59

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/28/2007 12:59

00116

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

11/28/2007 12:17 ZOLPIDEM (AMBIEN) TAB 10MG
 TAKE ONE TABLET BY MOUTH HS AS NEEDED FOR INSOMNIA use one
 half to one tablet as needed for insomnia
 Quantity: 20 Refills: 1

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 11/28/2007 12:17

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/28/2007 12:17

00117

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/28/2007 12:17 Discontinue ZOLPIDEM (AMBIEN) TAB 10MG
 TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP
 Quantity: 20 Refills: 2
 <Requesting Physician Cancelled>

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 10/29/2007

Req: SANDS, PETER A

Stop: 11/28/2007 12:17

/es/PETER A SANDS PA-C

Signed: 11/28/2007 12:17



LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

Printed: 11/28/2007 12:17

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

00118

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

11/21/2007 09:02 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 11/24/2007 09:02

Req: SANDS, PETER A

Stop: 11/25/2007

/es/PETER A SANDS PA-C

Signed: 11/21/2007 09:02

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/21/2007 09:02

00119

MEDICAL RECORDDOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

11/16/2007 09:48 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 11/17/2007 09:48

Req: SANDS, PETER A

Stop: 11/18/2007

/es/PETER A SANDS PA-C

Signed: 11/16/2007 09:49

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/16/2007 09:49

00120

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/09/2007 11:06 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 11/10/2007 11:06

Req: SANDS, PETER A

Stop: 11/12/2007

/es/PETER A SANDS PA-C

Signed: 11/09/2007 11:06

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

Printed: 11/09/2007 11:06

00121

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/07/2007 10:10 Renew GUAIFENESIN/DEXTROMETHORPHAN SYRUP GUAIFENESIN DM SYRUP
 (ROBITUSSIN DM)

TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR
 COUGH FOR COUGH use as needed for cough

Quantity: 120 Refills: 0

ELECTRONICALLY ENTERED Routing: WINDOW

PP

Start:

Req: PARKER, PAMELA

Stop:

/es/PAMELA A. PARKER, PA-C

Signed: 11/07/2007 10:11

11/07/2007 10:10 Renew BENZOCAINE/MENTHOL (CHLORASEPTIC) LOZENGE BENZOCAINE
 6MG/MENTHOL 10MG LOZENGE

DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE
 THROAT AS NEEDED FOR SORE THROAT use as needed for sore
 throat

Quantity: 18 Refills: 0

ELECTRONICALLY ENTERED Routing: WINDOW

PP

Start:

Req: PARKER, PAMELA

Stop:

/es/PAMELA A. PARKER, PA-C

Signed: 11/07/2007 10:11

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/07/2007 10:11

00122

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

11/02/2007 10:52 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 11/03/2007 10:52

Req: SANDS, PETER A

Stop: 11/04/2007

/es/PETER A SANDS PA-C

Signed: 11/02/2007 10:52

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 11/02/2007 10:52

00123

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

10/29/2007 13:19 Renew BENZOCAINE/MENTHOL (CHLORASEPTIC) LOZENGE BENZOCAINE
6MG/MENTHOL 10MG LOZENGE
DISSOLVE 1 LOZENGE IN MOUTH 6-TIMES-A-DAY AS NEEDED FOR SORE
THROAT AS NEEDED FOR SORE THROAT use as needed for sore
throat
Quantity: 18 Refills: 0

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/29/2007 13:23

10/29/2007 13:20 Renew GUAIFENESIN/DEXTROMETHORPHAN SYRUP GUAIFENESIN DM SYRUP
(ROBITUSSIN DM)
TAKE 2 TEASPOONFULS BY MOUTH EVERY 6 HOURS AS NEEDED FOR
COUGH FOR COUGH use as needed for cough
Quantity: 120 Refills: 0

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/29/2007 13:23

10/29/2007 13:21 Discontinue MIRTAZAPINE (REMERON) TAB 15MG
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR INSOMNIA
Quantity: 14 Refills: 6
<Requesting Physician Cancelled>

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 09/25/2007

Req: SANDS, PETER A

Stop: 10/29/2007 13:23

/es/PETER A SANDS PA-C

Signed: 10/29/2007 13:23

10/29/2007 13:22 ZOLPIDEM (AMBIEN) TAB 10MG
TAKE ONE TABLET BY MOUTH HS AS NEEDED FOR INSOMNIA use as
needed for insomnia
Quantity: 20 Refills: 2

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/29/2007 13:23

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Pm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/29/2007 13:23

00124

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

10/19/2007 09:42 >> patient medically cleared for pass

ELECTRONICALLY ENTERED

PAS

Start: 10/20/2007 09:41

Req: SANDS, PETER A

Stop: 10/21/2007

/es/PETER A SANDS PA-C

Signed: 10/19/2007 09:42

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/19/2007 09:42

00125

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

10/17/2007 13:28 Change VENLAFAXINE XR CAP, SA 75MG
 TAKE ONE CAPSULE BY MOUTH ONCE DAILY WITH FOOD FOR
 DEPRESSION/ANXIETY
 Quantity: 7 Refills: 7
 to VENLAFAXINE XR CAP, SA 37.5MG
 TAKE 3 CAPSULES BY MOUTH ONCE DAILY WITH FOOD for
 depression/anxiety
 Quantity: 42 Refills: 6

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/17/2007 13:31

10/17/2007 13:30 NAPROXEN TAB 500MG
 TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH
 FOOD for hip/knee pain
 Quantity: 28 Refills: 6

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/17/2007 13:31

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

Printed: 10/17/2007 13:31

00126

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
 Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

10/16/2007 13:52 >> KT GYM - Evaluation & Treatment
 Precautions: exercise as tolerated,
 Frequency: 3x/week
 Duration: 4 weeks
 Type of Treatment:
 General Conditioning Please see note dated 10/16/07.

ELECTRONICALLY ENTERED

RKH Start: 10/16/2007 13:52 Req: HANSPAL, REENA K
 Stop: 11/15/2007 /es/REENA K. HANSPAL M.D.
 Signed: 10/16/2007 13:52

10/16/2007 13:52 >> KT POOL - Evaluation & Treatment
 Precautions: exercise as tolerated,
 Frequency: 2x/week
 Duration: 4 weeks
 Type of Treatment: Pool
 Please see note dated 10/16/07

ELECTRONICALLY ENTERED

RKH Start: 10/16/2007 13:52 Req: HANSPAL, REENA K
 Stop: 11/15/2007 /es/REENA K. HANSPAL M.D.
 Signed: 10/16/2007 13:52

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/16/2007 13:52

00127

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
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DATE & TIME

ORDERS

SIGNATURES

10/10/2007 14:59 Change VENLAFAXINE XR CAP,SA 37.5MG
TAKE ONE CAPSULE BY MOUTH ONCE DAILY WITH FOOD FOR
DEPRESSION/ANXIETY
Quantity: 14 Refills: 0
to VENLAFAXINE XR CAP,SA 75MG
TAKE 1 CAPSULE BY MOUTH ONCE DAILY WITH FOOD for
depression/anxiety
Quantity: 7 Refills: 7

ELECTRONICALLY ENTERED Routing: WINDOW

MLL

Start:

Stop:

Req: LOVE,MARGARET L

/es/MARGARET L LOVE, PA-C

Signed: 10/10/2007 15:00

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/10/2007 15:00

00128

MEDICAL RECORD

DOCTOR'S ORDERS

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DATE & TIME

ORDERS

SIGNATURES

10/05/2007 13:45

ACETAMINOPHEN (TYLENOL) TAB 325MG

TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR
PAIN OR FEVER use as needed for fever/aches

Quantity: 42 Refills: 0

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Stop:

Req: SANDS, PETER A

/es/PETER A SANDS PA-C

Signed: 10/05/2007 13:46



LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

MEDICAL RECORD

DOCTOR'S ORDERS

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DATE & TIME

ORDERS

SIGNATURES

10/05/2007 13:44 PSEUDOEPHEDRINE (SUDAFED) TAB 30MG
TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR
CONGESTION use as needed for sinus congestion
Quantity: 12 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 10/05/2007 13:46

10/05/2007 13:44 LORATADINE (CLARITIN) TAB, ORAL 10MG
TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS for
allergy symptoms
Quantity: 14 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 10/05/2007 13:46

10/05/2007 13:44 GUAIFENESIN/DEXTROMETHORPHAN SYRUP GUAIFENESIN DM SYRUP
(ROBITUSSIN DM)
TAKE 2 TEASPOONFULS BY MOUTH Q6H AS NEEDED FOR COUGH use as
needed for cough
Quantity: 120 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 10/05/2007 13:46

10/05/2007 13:45 BENZOCAINE/MENTHOL (CHLORASEPTIC) LOZENGE BENZOCAINE
6MG/MENTHOL 10MG LOZENGE
DISSOLVE 1 LOZENGE IN MOUTH 6XD AS NEEDED use as needed for
sore throat
Quantity: 18 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 10/05/2007 13:46

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MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/05/2007 13:46

00130

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
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DATE & TIME |

ORDERS

| SIGNATURES

10/02/2007 10:18 Discontinue TUBERCULIN SKIN TEST INJ, SOLN SUNT/0.1ML
 INJECT 0.1ML INTRADERMALLY ONCE READ IN 2-3 DAYS

Quantity: 1 Refills: 0

<Entered in error>

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 09/25/2007

Req: SANDS, PETER A

Stop: 10/02/2007 10:18

/es/PETER A SANDS PA-C

Signed: 10/02/2007 10:18

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Loc: 8B-DOM

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MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/02/2007 10:18

00131

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME |

ORDERS

| SIGNATURES

10/02/2007 10:12 Change QUETIAPINE FUMARATE (SEROQUEL) TAB 50MG
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR NIGHTMARE
SUPPRESSION
Quantity: 7 Refills: 6
to QUETIAPINE FUMARATE (SEROQUEL) TAB 100MG
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME for nightmare
suppression
Quantity: 7 Refills: 6

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start:

Req: SANDS, PETER A

Stop:

/es/PETER A SANDS PA-C

Signed: 10/02/2007 10:13

LASKOWSKI, STANLEY P III

MEDICAL RECORD

Loc: 8B-DOM

Rm/Bed: 8B206A-1

DOCTOR'S ORDERS

VAMC Coatesville

VA FORM 10-1158

Printed: 10/02/2007 10:13

MEDICAL RECORD

DOCTOR'S ORDERS

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DATE & TIME |

O R D E R S

| SIGNATURES

10/02/2007 09:03 Discontinue PNEUMOCOCCAL VACCINE INJ PNEUMOCOCCAL VACCINE INJ
 INJECT 0.5ML INTRAMUSCULAR ONCE
 Quantity: 1 Refills: 0
 <Requesting Physician Cancelled>

4/5

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 09/25/2007

Req: SANDS, PETER A

Stop: 10/02/2007 09:03

/es/PETER A SANDS PA-C

Signed: 10/02/2007 09:03

10/02/2007 09:03 Discontinue INFLUENZA VIRUS VACCINE INJ, SOLN INFLUENZA VIRUS
 VACCINE INJ
 INJECT 0.5ML INTRAMUSCULAR ONCE
 Quantity: 1 Refills: 0
 <Requesting Physician Cancelled>

4/5

ELECTRONICALLY ENTERED Routing: WINDOW

PAS

Start: 09/25/2007

Req: SANDS, PETER A

Stop: 10/02/2007 09:03

/es/PETER A SANDS PA-C

Signed: 10/02/2007 09:03

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

Rm/Bed: 8B206A-1

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

Printed: 10/02/2007 09:03

00133

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME | ORDERS | SIGNATURES

09/25/2007 09:37 QUETIAPINE FUMARATE (SEROQUEL) TAB 50MG
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME for nightmare
suppression
Quantity: 7 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:38 TRAMADOL (ULTRAM) TAB 50MG
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN
use as needed for aches/pains
Quantity: 42 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:40 PNEUMOCOCCAL VACCINE INJ PNEUMOCOCCAL VACCINE INJ
INJECT 0.5ML INTRAMUSCULAR ONCE
Quantity: 1 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:40 INFLUENZA VIRUS VACCINE INJ, SOLN INFLUENZA VIRUS VACCINE INJ
INJECT 0.5ML INTRAMUSCULAR ONCE
Quantity: 1 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

00134

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

09/25/2007 09:25 MULTIVITAMINS WITH MINERALS TAB MULTIPLE VITAMIN WITH
MINERALS TAB
TAKE ONE TABLET BY MOUTH ONCE DAILY for nutrition
Quantity: 14 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:26 PM&R PHYSICIANS Cons Consultant's Choice
ELECTRONICALLY ENTERED
PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:35 VENLAFAXINE XR CAP, SA 37.5MG
TAKE 1 CAPSULE BY MOUTH ONCE DAILY WITH FOOD for
depression/anxiety
Quantity: 14 Refills: 0
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:36 OMEPRAZOLE CAP, EC 20MG
TAKE 1 CAPSULE BY MOUTH ONCE DAILY FOR ACID REFLUX - TAKE 30
MINUTES BEFORE EATING for heartburn symptoms
Quantity: 14 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:36 MIRTAZAPINE (REMERON) TAB 15MG
TAKE ONE TABLET BY MOUTH AT BEDTIME for insomnia
Quantity: 14 Refills: 6
ELECTRONICALLY ENTERED Routing: WINDOW
PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

00135

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME | ORDERS | SIGNATURES

09/25/2007 09:24 >> Admit to 8B-DOM

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: 09/26/2007 /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 REGULAR-D Diet

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 TUBERCULIN SKIN TEST INJ, SOLN SUNT/0.1ML

INJECT 0.1ML INTRADERMALLY ONCE READ IN 2-3 DAYS

Quantity: 1 Refills: 0

ELECTRONICALLY ENTERED Routing: ADMINISTERED IN CLINIC

PAS Start: Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

*Card
inside
NW*

09/25/2007 09:24 CHEM 14 SERUM LC LB #156773

ELECTRONICALLY ENTERED

PAS Start: 09/26/2007 07:00 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 CBC BLOOD LC LB #156773

ELECTRONICALLY ENTERED

PAS Start: 09/26/2007 07:00 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 ACUTE HEPATITIS PANEL (HCFA) SERUM LC LB #156773

ELECTRONICALLY ENTERED

PAS Start: 09/26/2007 07:00 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

VAMC Coatesville

Printed: 09/25/2007 09:43

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
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DATE & TIME

ORDERS

SIGNATURES

(...continued)

P DRUG SCREEN URINE-DAU WC LB #156814 Start: 12/12/07
P DRUG SCREEN URINE-DAU WC LB #156815 Start: 12/14/07
P DRUG SCREEN URINE-DAU WC LB #156816 Start: 12/16/07
P DRUG SCREEN URINE-DAU WC LB #156817 Start: 12/18/07
P DRUG SCREEN URINE-DAU WC LB #156818 Start: 12/20/07
P DRUG SCREEN URINE-DAU WC LB #156819 Start: 12/22/07
P DRUG SCREEN URINE-DAU WC LB #156820 Start: 12/24/07
P DRUG SCREEN URINE-DAU WC LB #156821 Start: 12/26/07
P DRUG SCREEN URINE-DAU WC LB #156822 Start: 12/28/07
P DRUG SCREEN URINE-DAU WC LB #156823 Start: 12/30/07
P DRUG SCREEN URINE-DAU WC LB #156824 Start: 1/1/08

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 PSA (ACCESS2) SERUM LC LB #156773

ELECTRONICALLY ENTERED

PAS Start: 09/26/2007 07:00 Req: SANDS, PETER A
Stop: /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 >> BREATHALYZER on admission and PRN thereafter

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: 11/27/2007 /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:24 >> DAY PASSES FRI, SAT, SUN 1 WEEK AFTER ADMISSION OR AT THE
DISCRETION OF THE PRIMARY THERAPIST.

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: 11/27/2007 /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

09/25/2007 09:25 >> Activity Ad Lib

ELECTRONICALLY ENTERED

PAS Start: 09/25/2007 09:43 Req: SANDS, PETER A
Stop: 10/02/2007 /es/PETER A SANDS PA-C
Signed: 09/25/2007 09:43

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

00137

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

09/25/2007 09:24 DRUG SCREEN URINE-DAU WC QOD

p DRUG SCREEN URINE-DAU WC LB #156775 Start: 9/25/07
p DRUG SCREEN URINE-DAU WC LB #156776 Start: 9/27/07
p DRUG SCREEN URINE-DAU WC LB #156777 Start: 9/29/07
p DRUG SCREEN URINE-DAU WC LB #156778 Start: 10/1/07
p DRUG SCREEN URINE-DAU WC LB #156779 Start: 10/3/07
p DRUG SCREEN URINE-DAU WC LB #156780 Start: 10/5/07
p DRUG SCREEN URINE-DAU WC LB #156781 Start: 10/7/07
p DRUG SCREEN URINE-DAU WC LB #156782 Start: 10/9/07
p DRUG SCREEN URINE-DAU WC LB #156783 Start: 10/11/07
p DRUG SCREEN URINE-DAU WC LB #156784 Start: 10/13/07
p DRUG SCREEN URINE-DAU WC LB #156785 Start: 10/15/07
p DRUG SCREEN URINE-DAU WC LB #156786 Start: 10/17/07
p DRUG SCREEN URINE-DAU WC LB #156787 Start: 10/19/07
p DRUG SCREEN URINE-DAU WC LB #156788 Start: 10/21/07
p DRUG SCREEN URINE-DAU WC LB #156789 Start: 10/23/07
p DRUG SCREEN URINE-DAU WC LB #156790 Start: 10/25/07
p DRUG SCREEN URINE-DAU WC LB #156791 Start: 10/27/07
p DRUG SCREEN URINE-DAU WC LB #156792 Start: 10/29/07
p DRUG SCREEN URINE-DAU WC LB #156793 Start: 10/31/07
p DRUG SCREEN URINE-DAU WC LB #156794 Start: 11/2/07
p DRUG SCREEN URINE-DAU WC LB #156795 Start: 11/4/07
p DRUG SCREEN URINE-DAU WC LB #156796 Start: 11/6/07
p DRUG SCREEN URINE-DAU WC LB #156797 Start: 11/8/07
p DRUG SCREEN URINE-DAU WC LB #156798 Start: 11/10/07
p DRUG SCREEN URINE-DAU WC LB #156799 Start: 11/12/07
p DRUG SCREEN URINE-DAU WC LB #156800 Start: 11/14/07
p DRUG SCREEN URINE-DAU WC LB #156801 Start: 11/16/07
p DRUG SCREEN URINE-DAU WC LB #156802 Start: 11/18/07
p DRUG SCREEN URINE-DAU WC LB #156803 Start: 11/20/07
p DRUG SCREEN URINE-DAU WC LB #156804 Start: 11/22/07
p DRUG SCREEN URINE-DAU WC LB #156805 Start: 11/24/07
p DRUG SCREEN URINE-DAU WC LB #156806 Start: 11/26/07
p DRUG SCREEN URINE-DAU WC LB #156807 Start: 11/28/07
p DRUG SCREEN URINE-DAU WC LB #156808 Start: 11/30/07
p DRUG SCREEN URINE-DAU WC LB #156809 Start: 12/2/07
p DRUG SCREEN URINE-DAU WC LB #156810 Start: 12/4/07
p DRUG SCREEN URINE-DAU WC LB #156811 Start: 12/6/07
p DRUG SCREEN URINE-DAU WC LB #156812 Start: 12/8/07
p DRUG SCREEN URINE-DAU WC LB #156813 Start: 12/10/07

(continued...)

LASKOWSKI, STANLEY P III

Loc: 8B-DOM

VAMC Coatesville

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

MEDICAL RECORD

DOCTOR'S ORDERS

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DATE & TIME

ORDERS

SIGNATURES

09/25/2007 09:24 UA (Chemical) URINE WC LB #156774

ELECTRONICALLY ENTERED

PAS

Start: 09/26/2007

Stop:

Req: SANDS, PETER A

/es/PETER A SANDS PA-C

Signed: 09/25/2007 09:43

CKF
 9/25/07
 10 PM

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Loc: 8B-DOM

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MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158